

MEDICAL ECONOMICS

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of the ~
**MEDICAL
PROFESSION**

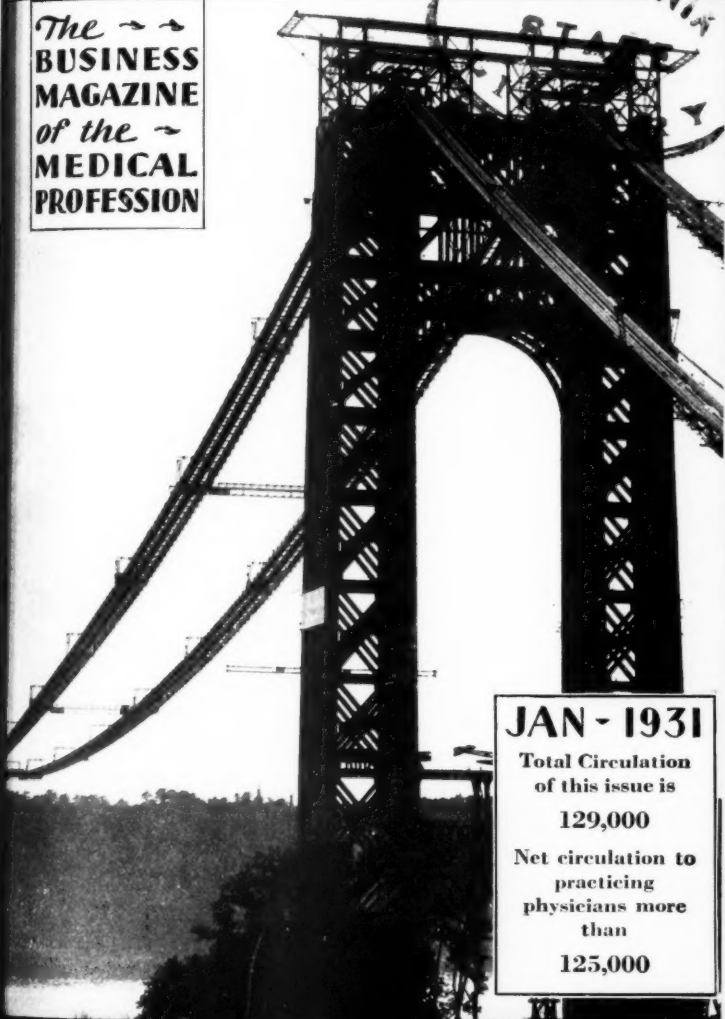
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MEDICAL & ECONOMICS

The Business Magazine of the Medical Profession

H. Sheridan Baketel, A.M., M.D., Editor

Harold S. Stevens, Managing Editor

Lansing Chapman, Publisher

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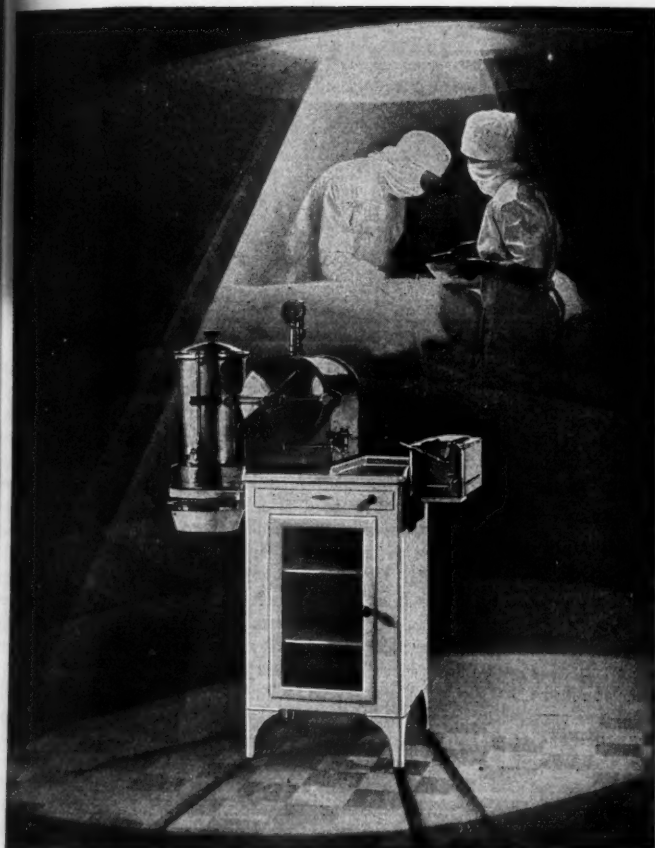
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Bleeding and Purging Harun al-Rashid

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OF course, fabulous figures might be expected from the time and the locale of the Arabian Nights. But some of the fees those Arab physicians received look like pretty fancy prices today.

It is said that Abu Nasr got more than \$60,000 for curing one of the Caliphs of stone. A mere pittance, that was, compared with the rewards of a certain Batschua who estimated his fortune in fees at \$10,000,000. According to record he received \$125,000 for "healing" Al-Meiamun.

When this prince of doctors was attached to Caliph Harun al-Rashid, he had a regular monthly salary of \$2,500 and several times that amount for a New Year's purse. In addition there was about \$1,500 more per annum for bleeding and purging the Commander of the Faithful. Let us hope he cupped "at the wane of the moon, with the weather at set-fair, preferably the 17th of the month and on a Tuesday." For this was the time to do the most effective job.

That was long ago and a glorious medical history lies between then and now. It is true, however, that some of the beliefs held not so many

centuries back seem terrible to us. For example, that "laudable pus" was necessary to healing of wounds.

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MEDICAL & ECONOMICS

The Business Magazine of the Medical Profession

Volume 8

January, 1931

Number 4

Insurance ^{by} Law

By John M. Smith

Director, Hahnemann Hospital, Philadelphia

HUMAN nature is such that many of us want more luxurious service than can be afforded. It is this trait that has created, both for the medical profession and hospitals, the problem of supplying acceptable care for the so-called patient of moderate means. This patient demands the same luxuries as the rich—and the doctor and hospital continue to furnish them against their better judgment.

When the bill is sent the patient and his family promptly begin telling their friends that the charges are enormous and that they must go without necessities to pay them. Seemingly, it has never occurred to the average man to accumulate something to pay the physician and hospital for the serious illness that almost always comes sooner or later. He believes he is going to be lucky and not have such trouble. To educate him to his responsibility for saving for such a purpose is an endless task, because constant-

ly more young people are growing up and they must become somewhat mature before we can hope for them to acquire the wisdom necessary for such thrift.

In order that such expenses of patients of this financial class and others not so well off may be paid promptly and without inconvenience to the family there is proposed: 1—insurance, through employers, of employed persons, protecting them against the costs of diseases and injuries not covered by the employees' compensation laws; 2—the revising of present accident and health policies to provide for the direct payment of physicians and hospitals; 3—the writing of bequest insurance to partly endow the moderate priced services.

A few years ago the states passed the workmen's compensation laws requiring employers to carry insurance to pay employees for time lost on account of occupational injuries and to pay hospitals and physicians for services rendered such patients. Recently

there has been a tendency to have this insurance cover persons suffering from occupational diseases.

I believe that the next step should be the amendment of these laws to require the employer to retain for the insurance carrier, from the pay of each of his employees, amounts sufficient to cover the cost of insurance to pay for loss of time and hospital and physicians' bills due to diseases and injuries other than occupational. This would mean that all employed persons would be automatically covered by such insurance by virtue of their being employed and without any action on their part. The amount provided for loss of income should be in an established ratio to the weekly or monthly income and

should never equal it (lest there be an incentive for fraud).

The amounts provided for hospitals and physicians should be in accordance with schedules adopted by agreement between the state and hospital and medical associations and should be in all cases paid directly to the hospital or physician. There should be an approved list of hospitals and physicians so that patients would have an opportunity to select to their liking. The compiling of such lists could be done by the state jointly with the interested associations.

The employer or the insurance carrier must have the right of inspection of the patient and access to records in all cases in order to determine the nature, probable duration and cost of

"... it has never occurred to the average man to accumulate something to pay the physician and hospital for serious illness."



such illness or injury and to detect and prevent fraud. It should be provided that such insurance could be carried with licensed insurance companies or with a state insurance fund.

In addition to the above, insurance companies should add to their regular accident and health policies clauses providing that for services rendered while patients are under the care of licensed doctors of medicine or confined in incorporated hospitals, payment shall be made direct to such physicians and hospitals. These specifications would eliminate fraud and assure payment to those entitled to it, for it is well known that accident and health insurance payments made to patients do not always reach the physician or hospital.

It is entirely possible that be-

fore such clauses can be legally written into policies it may be necessary to have additional legislation enacted or to secure rulings from the state insurance departments in order to establish for the hospital or physician an "insurable interest."

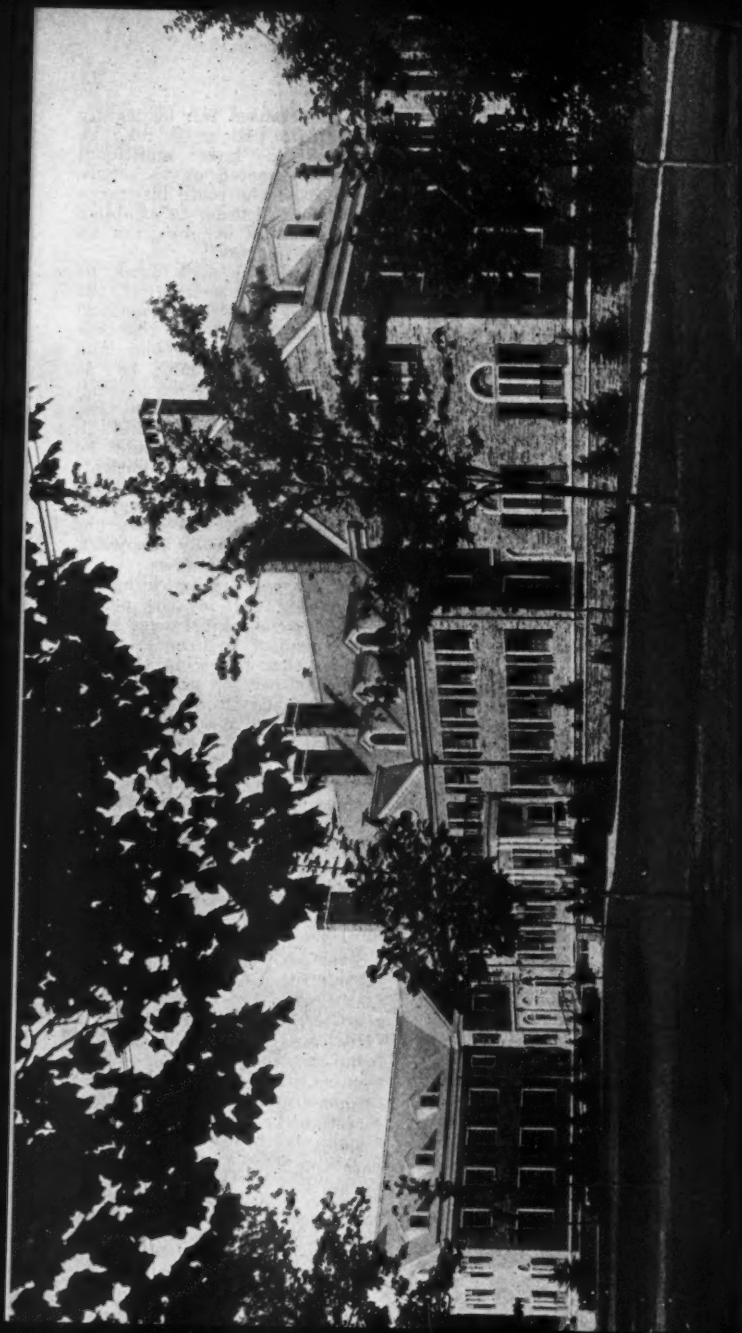
It is believed such laws or rulings can be secured if the carriers and hospital and medical associations will work together for them. Such accident and health policies should be so worded that they are not as easily cancelled as at present, and the usual list of allowable diseases and injuries should be eliminated so that when patients are confined in hospitals there will be practically no exceptions other than obstetrical cases and those provided for by the workmen's compensation laws.

Another way of providing for the hospital care of the person in moderate circumstances could be by bequest insurance, which provides that following the payment of a specified premium over a fixed period of time, the carrier will pay to a designated hospital a certain sum of money to be placed in its endowment fund and invested—the income to be used to support the moderate priced service. As an inducement to the prospects the hospital might agree that throughout the payment period of the policy or lifetime of the insured he would be entitled to a stated discount from any hospital bills he might contract.

Very thorough and serious consideration of universal insurance of all employed persons for extra occupational diseases and injuries, the amending of the usual health and accident policies to provide for the payment of hospital and physicians' bills direct, and bequest insurance to provide endowment are therefore suggested to the states, insurance companies, hospital associations and medical societies independently and in co-operation with each other.

Photo by
Ewing Galloway





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The "Guild"-- an experiment

By Harold S. Stevens

Managing Editor, *Medical Economics*

THE question is: are these "moderate means" folk, in whose aid elaborate studies are being pursued, part-pay clinics established, foundations created, and the physician himself, in many cases, exploited—are these people quick to grasp the opportunity of insuring against sickness when the opportunity is placed before them.

We shall soon have some more evidence on this point. The people of Cooperstown, New York, are to be offered complete medical and hospital service for a fixed yearly charge of \$25 per person (or \$100 for an entire family). The plan is known as the guild plan; it is to be made available on January 1, 1931, thanks to the courage and initiative of a group of physicians who compose the staff of the Mary Imogene Bassett Hospital of Cooperstown.

Guild Medicine—called "guild" to distinguish it from "group"—is a departure from standard forms of medical service, suggested as a practical means of meeting the problem of sickness costs for the class of moderate means.

The medical guild is a hybrid between a health association, a clinic hospital, and the service of a general practitioner.

It is like the health association in that it provides, for a fixed yearly charge, and under certain

conditions, free medical service to members.

The guild provides this service in its own clinic, and provides hospitalization in its own hospital. In other words, in the guild, the health association is the clinic, is the hospital, and its staff becomes, to all intents, the general health counsellors of the family member.

This is the plan which is about to be put to actual test in Cooperstown, a community of about 3000 population in central New York State. The plan is frankly an experiment. The Bassett Hospital Guild has announced that the date of beginning will be January 1, *provided the people of the community put forward their support.*

Support failing, the plan will be abandoned. On the other hand, if conditions prove favorable, it is the intention to give the plan a trial for one year, at the end of which, if the guild has proved to be satisfactory from the public's and from its own standpoint, it will be made a permanent organization.

Here are the details, as announced by the Bassett Hospital Guild:

"The purpose of the guild is to reduce the cost of sickness to those needing medical or surgical care. It aims to divide up the cost of sickness among the sick and the well, so that a prolonged illness or a surgical operation will not be a financial calamity

(Turn to Page 139)

(Opposite Page) The Bassett Hospital.

Re-decorating in

By Robert S. Staples

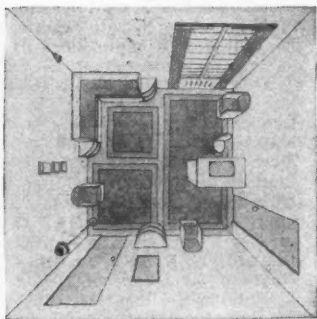
RECENTLY I visited a church that is decorated, strange as it may seem, in the modern manner.

This church (and this may seem even stranger!) is a financial success. For more than a year, since it was re-decorated, it has been a leader in its community. It is attended by distinguished people, and—for the

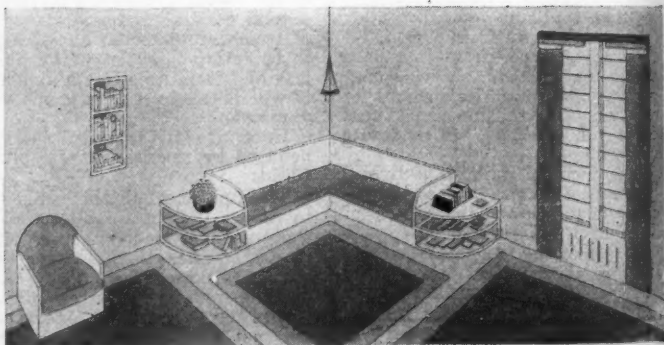
first time since it was built—it hasn't a mortgage!

The walls are tinted in an off-shade of gray. The ceiling is in a lighter shade of gray, and the floor is carpeted in still another and darker shade of gray.

The lighting fixtures are of chromium and frosted glass; the windows leaded in panels with strips of chromium. A few re-



The drawing at the left is a bird's-eye view of the reception room shown below in detail. The page opposite shows a reception room before and after modernizing. (Drawings by the author.)



g in Modern Style

strained touches of black, in just the right places, finishes this unusual church interior in a manner strikingly pleasing, yet possessing appropriate dignity.

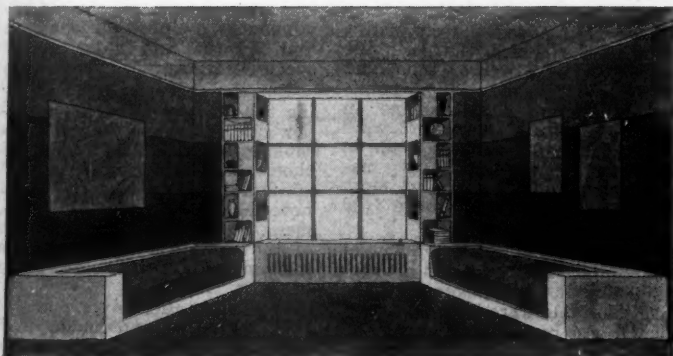
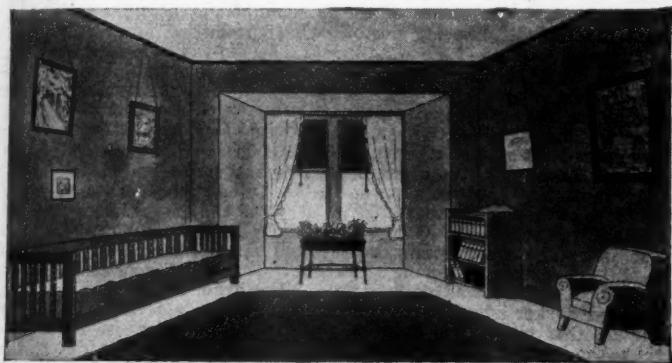
"Imagine," exclaimed a friend who was with me, "a church, of all places, going modernistic? The next thing, we'll be having modernistic doctor's offices!"

Well—why not?

In this day of color and beauty,

why should physicians, any more than deacons, hesitate to "go modernistic?" If a man can experience spiritual feeling in a refreshing, modern environment, surely he can react beneficially to the pleasant, happy-feeling surroundings of a modern consultation room.

Apart from the definite psychic effect of a well-designed modern interior, there is a further ad-



vantage in that it suggests its owner's alertness to progress. A 1913 reception room can't possibly create a 1931 impression.

But in saying this, I don't mean that a doctor should try to copy a metropolitan theatre lobby. He won't need trick chairs of polished metal and strips of leather, nor rugs with all the hues of a Sicilian sunset.

Severe simplicity should be his watch-word, for simplicity alone will give that atmosphere of quiet, dignified modernity which is so desirable.

Proceeding on the Chinese theory that one picture is better than ten thousand words, I am presenting a few sketches of the kind of office I'd like *my* doctor to have:

Please consult the "bird's eye view" first, for there you see the entire furnishings. Simple, isn't it? Three chairs, a desk, a carpenter-built table, a carpenter-built davenport, and a mirror.

In decorating this room we decided upon the color scheme *first*, and allowed *nothing* to change it. The walls are a very light, soft shade of green, cheering yet restful. The floor was painted a slightly darker shade of green, and on this were laid the three rugs, the borders slightly darker than the floor, and the main body of the rugs (where the wear comes) quite dark.

We then added the distinctive touch. The chairs, the desk, the davenport, the mirror trim, and the pseudo console were all painted aluminum. The cushions on both chairs and davenport were the color of the darkest shade in the rug, and were of a heavy material quite like monks cloth (which, by the way, can be dyed to any shade desired).

The chairs and desk we bought unpainted and had our painter finish, but the davenport and console table were built at a very small cost by the local carpenter.

If you will look closely you will see that the ends of the davenport are part of it, and that

they are quarters of a circle, while the console table is the half. These may be used for books and magazines, ash trays, or even a collection of modern pottery—if you collect pottery. The sole relief of the walls is the built-in bookcase.

The curtains took very little time to plan, and were made of the same material as the chair and davenport covers, but the valance board is the work of art. This is made of strips of wood (also by the local carpenter), the top strip being painted the color of the hangings and the other two broken strips repeating the color-scheme of the room, the second being of light green and the bottom one of aluminum.

The old-fashioned door frames were removed, plain doors were set in flush to the walls, painted the color of the floor, and fitted with glass knobs.

An accompanying picture shows another waiting room, *before* it was modernized. Compare it with the picture showing the result. It is the same room, same wall space, same bay window—but with a difference!

The drab, cramped atmosphere is gone, and a feeling of height and spaciousness is found instead. This is partly due to the tinting of the walls and the furniture arrangement, but principally to the change on the old bay window. We ripped out the glass and frames, and substituted a special casement window.

But the space made by enclosing the radiator is *not* for a window seat; it should be used as a table space on which to place a choice bit of pottery or a bowl of flowers. This space should never be cluttered with books, magazines, or pillows, for much of the spaciousness of the room is obtained from this clean sweep of light.

Extending directly from the built-in cases, and made flush with the walls, you will see the davenports—really nothing but

(Turn to Page 113)

It's an odd thing about medicine!

WHY DO SOME PEOPLE WAIT A WEEK TO CALL THE DOCTOR—



—AND THEN HOWL IF HE DOESN'T COME
ON THE JUMP!!



[For a copy of this cartoon on cardboard
write to Medical Economics, Rutherford, N. J.]

“As he thinketh in



Photo by Ewing Galloway

“There is no occasion for the assumption of an apologetic air in making our charge, or for tendering an unsolicited explanation. Both of these steps weaken our standing with our client. We have made so many calls at so much a call—that’s that—and the change will be so much, and it’s jolly well worth it.”

th in his heart . . . ”

By Fassett Edwards, M. D.

THERE was a time when patients walked blithely out of my office without any least mention of payment, and too often without any subsequent liquidation of the obligation. The habit cost me thousands of dollars; and the lesson for which I've paid so handsomely is passed on to you.

The thought strikes me forcibly, after a score of years at the medical game, that too many of us feel some *doubt* as to the true value of what we do for our patients; and with that feeling in the back of our minds we are hesitant, non-aggressive, about pressing for the payment of what is due us.

Dentists seem to be better collectors than physicians; and there appears to be a concrete basis for this conclusion. The dental surgeon does work that the patient may see, may feel, usually does feel. The gold glitters, the porcelain shines, and they speak a message to their owner about the work that the dentist has done. This is not generally the case with the kind of work performed by the physician, except in the case of surgery, where a condition obtains which is analogous to that of the dentist; consequently, surgeons are better collectors, by much, than are general practitioners.

It would seem that our patient requires something tangible, definite, material. Obviously such a demand upon the physician cannot usually be met. And this very feature forces upon us the necessity of looking at the collection subject from a distinctive viewpoint. This point of view will be that we *know* we have done a piece of good work, one

meriting remuneration for its quality (honesty plus efficiency). Fortified mentally by this positive thinking, we are in position to proceed with stout heart to ask our rightful fees.

Incidentally, the members of the dental profession have calculated their minimum *hourly* overhead as being three dollars; and they find that their year will rarely be more than 1600 hours of actual work. Much time is lost in stopping and starting their patients. Now supposing, for argument, that the physician should pause to calculate his overhead along similar lines. No doubt at all it would be quite that high, inasmuch as his education costs almost double that of the dentist, and his equipment very often is quite as expensive, or even more costly. Our personal investment might reach the respectable sum of \$15,000 for medical education, interne time, etc., and we purchase say \$2,000 worth of equipment. This perhaps is not all bought at once, but it is put in before very long.

Let's carry this on a bit further and figure the interest at six per cent—a matter of \$1020 a year for interest alone, to which must be added the thousand and one items of operating cost. You see it amounts to much more than we had thought, excluding all items other than financial ones. Here is a bit of material for your careful consideration—and analysis of your own overhead. You are certain to be surprised.

On a few occasions I have been present when some other physician was handling a case; and occasionally I have had the feel-

(Turn to Page 121)

Bringing Post-Graduate Study to

AS Time says "Names make News;" and when the average small town or large town practitioner goes to the city to brush up on medical subjects, whether he realizes it or not the chief lure of any particular clinic or hospital lies in some big medical name, familiar to his ears because of frequent occurrence in literature, because

of its connection with some outstanding discovery, or simply because of traditional importance in medical circles.

Crile, Mayo, Chevalier Jackson, such names on a medical stage would always guarantee a full house, and starred stops on the itinerary of the seeker after medical knowledge are often spelled in some such way.

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1931

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DR. IRVING LEVINE, Baltimore, Md. (Gynecology);
DR. JEFF MILLER, New Orleans, La. (First Assistant, College of Surgeons);
DR. J. O. POLAK, Washington, N. Y. (Otolaryngology & Ophthalmology);
DR. JOHN R. CALLEN, St. Louis, (Otolaryngology).

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DR. E. R. PANDOLFI, Philadelphia, (Otolaryngology);
DR. LEWIS J. TRELACE, Chicago, (Neurology);
DR. J. G. MEYER, Boston, (Internal Medicine);
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*The Dallas
Southern
Clinical
Society
announces
a new
form of
medical
convention.*

dy to the Physician

By Curtice Rosser, M. D.

The new form of medical meeting, the *Clinical Conference*, has originated from a few cardinal conceptions. First, doctors are gregarious and really enjoy working or playing in bunches. Second, why not bring the big names to the doctors, in groups, rather than insist on every ambitious medical man travelling to the Eastern medical centers. And third, why not make the medical gathering an intensive, short, business-like period of study, without the disturbing atmosphere of medical politics so characteristic of sectional medical societies.

The Dallas Southern Clinical Society consists of 150 physicians interested in augmenting post-graduate education. It is a non-profit organization, with a treasurer who must handle around twelve thousand dollars a year, under bond, and with a public annual auditing of its books to assure that all moneys collected from its local membership and from registration fees will go to one thing only, meeting the necessary expenses of assemblies and other similar altruistic educational objects. It is formally chartered by the State of Texas for this purpose.

The physicians of the southern section of the country have evidenced their approval of the plan since its inception in 1929 by an attendance at the second Spring Clinical Conference early this year twice as large as that at the first, and those now busy making arrangements for the Third Conference, which will be held from March 30th to April 3rd, 1931, expect a total registration of 2000 to greet the seventeen distinguished medical teachers who have already signed up to head the program.

The schedule offered is three-fold. The visiting lecturers appear at general assemblies every morning, delivering practical, common-sense addresses which are calculated to be of service to the general practitioner rather than the specialist.

As examples of the type of lectures selected, Dr. Alvarez, of the Mayo Clinic, will cover "Practical Points in the Treatment of Gastro-Intestinal Disease;" Dr. Polak, of Brooklyn, will discuss "Obstetrical Emergencies and their Handling;" Dr. W. A. Pusey, of Chicago, will discuss "Eczema;" Dr. Willis Campbell, of Memphis, "Ununited Fractures;" Dr. Hirschman, of Detroit, has agreed to elucidate "Some Pitfalls in the Diagnosis of Colitis"—and so on, all subjects of constant interest to the general man.

In the afternoon the student has the choice of two occupations; he may attend clinics at one of five Dallas hospitals or he may if he desires enroll for an in-

(Turn to Page 137)



Dallas—where 2,000 physicians are expected to attend the Clinical Conference.

Everybody's

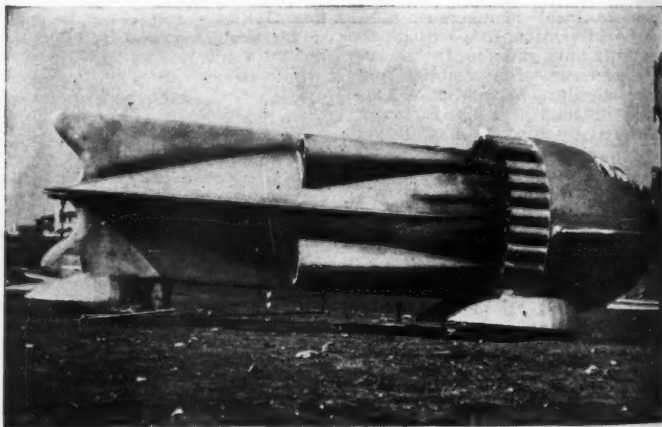
UNLESS history is wrong and past experience counts for naught, we are at the bottom of the current business depression. This means that no time must be lost in laying plans for the active months that are coming. Many will regret their failure during these slack days to prepare to meet the problem soon unfolding.

In a short time sinister whisperings will subside, pessimism will be moderated and courage grow. Out of somewhere in the field of finance will come constructive leadership for a sorely harassed stock market, and the forces of legitimate business will seek to regain hard-won ground that was hastily abandoned during the recent disorderly retreat.

No one is beaten until he admits it. We must get it clear in our minds that our slowing

down was only a temporary check. There is no better way to build up a much-needed new viewpoint than to try to visualize some of the coming changes in trade and industry. Let us see what things hold forth possibilities of profitable development, and also to try to interpret the effects of what engineers and scientists are now doing in the way of creating new machines, new materials and new methods.

We may dismiss our worries concerning saturated markets and a lack of new industries. In 1923 approximately 3,000,000 people in the United States became, for the first time in their lives, the owners of new motor cars. Last year, which represented the peak of our business boom, only 500,000 people purchased automobiles for the first time. This has created the belief that in the automotive field virgin



*As a movie property man visualizes the plane of the future
—a rocket device for inter-planetary transportation.*

's Business By Floyd W. Parsons

"More worthwhile business and industrial achievements will be witnessed in this next decade than in any similar period in history. . . . This will give us a better distribution of income, building up purchasing power and curing underconsumption."

markets have given way to replacement markets. A similar thought has grown up respecting other established lines of business.

While the curve of automobile production will doubtless show a tendency to flatten out, there is no sound reason to believe that this industry's rapid growth is at an end. In the decade now commencing, all manufacturers must think in terms of 17,000,000 more people. We must all get hold of the truth that more and more money is to be spent for highway construction. Next year's expenditure for this purpose will approximate \$1,500,000,000. Each \$2,000,000 spent for roads provides employment for 1,000 men. From 3,000 to 5,000 workers are required to produce the machinery and materials needed to go with each \$2,000,000 highway-building job. Here alone is employment for 3,000,000 people.

Every new highway, tunnel and bridge serves to increase traffic and expand automobile sales. Every express highway that accelerates the speed of travel by skirting towns and cities will also enlarge sales. The average life of a motor car or truck is seven years, and this means that 4,020,000 automobiles will go out of service this year, that being the number produced in 1923. Since our output of cars in 1930 will be only 3,500,000, it is evident that current production is not even meeting the normal replacement demand.

Our engineering advances of a

radical nature in the automotive field have by no means come to an end. Some of these changes may be delayed until the price of gasoline has started to climb to a higher level, but when they do come the result will be a rapid scrapping of cars. More costly motor fuel will necessitate doubling the mileage obtained per gallon.

The sales curve of trucks and motor buses will surely continue upward. The large buses today have a seating capacity of 40 and excess standing capacity for the same number. Announcement has been made of buses to seat 72 passengers. There is also a trend to larger and stronger bodies of less weight, and various alloys as well as aluminum are being used to attain these results. A double seat of steel weighs 50 pounds more than a seat of aluminum. Marked changes are coming in the systems of heating and ventilating buses, the tendency being toward ejector systems of ventilation.

Turning to travel by air, many expect that in a few years airplanes will be in almost as general use as the automobile. New devices will be available to make it possible to fly blind and thus defeat weather hazards. Some planes will be controlled automatically from a distant point and be equipped with television cameras. Private-owner planes will be stamped out in quantity and will make rapid progress toward reaching the production

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35 or 16 mm?

[A comparison of movie film sizes]

By Carl D. Clarke

Director, Dept. of Art and Photography
University of Maryland School of Medicine

A recent issue of *Photo Era Magazine* carried a highly interesting article by K. L. Mitchell on the use of sixteen millimeter film in medicine. The author set forth the idea that the sixteen millimeter camera has a definite and important place in the making of medical motion pictures.

Granting the fact that many medical subjects have been made on sixteen millimeter film, some of major importance; yet, in the greater majority of cases where it has been used, the picture is defective in many ways. Institutions doing serious work have generally discarded sixteen millimeter equipment for standard equipment.

Since the advent of sound pictures it seems reasonable to believe that a motion picture department in the average school of medicine will be of equal importance with the X-ray Department of the average hospital today. Therefore, it is only proper, now that cinematography has taken root in medicine, that much consideration should be paid to the purchase of equipment.

Let us go back briefly over some of the history of motion pictures in medicine. During the World War the army Medical Museum in Washington, as well as many motion picture studios, produced medical films. The

medical profession expressed an awakened interest, but due to many technical errors of photography and the use of poor equipment, they were gradually discarded. During the years between 1920 and 1927 the showing of a motion picture at a medical meeting or in a class room of a medical school was rare. In the past two or three years medical films have been received with a new interest. There are definite reasons for the decline and rise of their use.

Panchromatic film is comparatively new in motion pictures and is absolutely indispensable for use in surgery.

The cameraman in the early days of medical film making seldom saw the medical point of view. His desire was to make a spectacular picture full of action, for his lay mind saw an operation or a case in that way. This was not what the medical profession wanted; the picture had to tell a story to physicians, not to laymen.

For example, the layman is hardly impressed by a small pink area of color on the skin of a patient; he is only impressed by something as obvious as an ulcer or an incision. But that small area of color on the skin to a physician may be the important point of deciding a diagnosis that will mean the life of the patient.

A professional photographer who had been making and developing motion pictures for

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(Opposite) Recording a case of intercranial hemorrhage. (Photograph courtesy of the author).

The Doctor

By Merryle Stanley Rukeyser

Author of "The Common Sense of Money and Investments"

THE prudent investor has learned the wisdom of making at least an annual audit of his investment portfolio. This January it is especially important to take inventory of investment holdings in view of the ravages wrought on security prices by a year and a third of panic and liquidating markets.

The problem before the investor is not whether his depreciated securities will come back in price, but whether his capital, appraised at current market values, is invested as efficiently as possible under present conditions, in the light of his own special requirements. Even conservative investors operate somewhat on surmise concerning the future. Accordingly, it is a part of good investment management to check up on expectations periodically and to correct earlier mistakes. Furthermore, even if the original selection was made with 100 per cent accuracy, the investor will frequently want to change his financial policy to take advantage of shifting conditions.

For example, at the top of a boom, when stock prices are notoriously high, the prudent investor will seek to get on as near a cash basis as possible, increasing his ratio of cash and short term notes. Later in the cycle he will desire to shift into long term bonds, then into preferred stocks, and gradually into common stocks.

For the ordinary investor it is better to have a balanced, rather than a lop-sided investment diet, but even the experienced investor will see the wisdom of changing

the proportion of his various types of securities at different stages of the business cycle. In the present situation, with evidence of maximum trade depression at hand, the investor is likely to be tempted to increase the ratio of funds invested in the highest grade of common stocks.

The last year and a half has probably revealed many serious mistakes in judgment in making original commitments. Where this is true, the investor can do best for his estate and for his own peace of mind by facing

*Interior
of the
New York
Stock
Exchange*



or and his Investments

realities and adjusting his course to them. For example, one substantial investment banking house recently pointed out: "Take the case of the man who is holding some bonds and stocks that are valued at the present time at say, \$25,000. They may have cost him \$50,000, and may have been worth \$100,000 at the peak.

"This state of affairs is apt to lead to what amounts to a moratorium on his thinking about his securities. He may feel that his holdings are badly balanced as between bonds and stocks, and as between different issues. He may even feel that some of his securities are not the kind that he would ordinarily buy, but

consciously or unconsciously he makes up his mind to defer doing anything about it until the market value has gone up more nearly to his cost. He can't quite reconcile himself to the fact that the present market value of his holdings is the same thing as the number of dollars represented by that market value.

"While this kind of thinking is natural enough, it is hardly useful. There is no real difference between the problem of investing \$25,000 in cash and \$25,000 represented by securities. There is no reason to believe that the \$25,000 represented by securities will be worth \$50,000 any sooner than

(Turn to Page 93)



The Campaign *that* Gave

By J. Louis Neff

Exec. Secretary, Medical Society of the County of Nassau

NASSAU County is one of four counties in New York State which together comprise Long Island. To the west are Kings County (the old City of Brooklyn) and Queens County, both being part of New York City. To the east is Suffolk County. Nassau, then, is the first stop on the march eastward of people deserting the city for the life of a commuter.

Never in the history of the world's civilization has there been such a mass movement of population as has taken place in the Metropolitan area since the World War. From crowded Brooklyn, Manhattan and Bronx literally millions of people have moved into suburban Queens Borough, or out of the city entirely into Westchester and Rockland Counties of New York, to the north; Hudson, Essex and Bergen Counties of New Jersey, to the west and Nassau and Suf-

folk counties to the east.

Recent census figures reveal that Nassau County during the past ten years was the fastest growing county in the United States, with an increase in population of nearly 140%; its present population is in excess of 300,000. Such tremendous growth has carried with it many perplexing problems, not the least of which are those connected with health and welfare, which problems are still further complicated by the fact that Long Island is the playground for New York City and every summer entertains millions of pleasure seekers who are attracted by good roads, famous beaches and summer resorts.

The county medical society is comparatively small in point of numbers, but few societies in the United States, regardless of size, have contributed more to what might be termed "civic medicine." For seven years this small



Nassau a Hospital

organization has been attempting to solve some of the county's problems and has been doing the very things which are now on the program of organized medicine throughout the nation. By active participation in the affairs of the community they have merited and secured a position of leadership in every activity which affects public health and public welfare and have become the focal point for all such activities in the county, the fountain-head of wisdom and sympathetic cooperation to which all the lay health organizations and social agencies turn naturally for the solution of their problems.

Two years ago the Medical Society assumed responsibility for the toxin-antitoxin work of the county. A campaign of education was undertaken on the basis of "take your child to your own doctor; if you cannot afford to pay we will tell you where you can get help, but have your child protected NOW. Do not wait for the next free clinic, that might be too late."

The results were excellent; without neglecting the charity needs of the community, the emphasis was placed upon putting the responsibility squarely up to the family physician, where such responsibility logically belongs. That the physician received compensation for their services is an important and interesting incidental; but the main point is that parents have been educated to a realization that toxin-antitoxin has become a routine part of pediatric care and not something to be dispensed at odd intervals through the medium of the spectacular "brass band" type of public clinic.

They have been educated to think of toxin-antitoxin in terms of regular medical procedure rather than in terms of public clinics; by that education there has been provided protection for the coming generation of children. Parents realize that they must protect not merely their present children, but that subsequent children also should receive the same attention as soon as they reach the age of six months.

Eight years ago the society petitioned the Board of Supervisors to erect a hospital for the care of contagious disease. Six years ago an elaborate and comprehensive hospital survey of the county, published by the society, contained the same recommendation. There is still no communicable disease hospital or ward in the county.

Two years ago the society determined to secure better hospital facilities and undertook a carefully planned, thorough campaign to that end. They started a monthly news publication, the *Nassau Medical News*, which is sent to about 1500 lay people as well as all the doctors, dentists, druggists in the county, all the

(Turn to Page 87)

*"... the
fastest
growing
county
in the
United
States."*

*Photo by
Ewing Galloway*



One Action is

An Editorial . . .

GIVING all due credit to the sincerity of those chaps who are wearing around in their lapels little blue buttons reading "Business is Good," it seems to me that their gesture is just a little futile. It savors too much of Couéism and Christian Science. I am a hearty believer in any and all devices for upholding morale, but I believe that present conditions call for devices more concrete than celluloid buttons, for actions instead of placards, for a greater exercise of business logic and less pollyannaism.

That general public hysteria has placed the business depression in false perspective, just as it once placed prosperity in false perspective, seems to me to be self-obvious. But what is needed to correct that is a change of viewpoint, not rose-tinted glasses. True enough, most people today are finding it necessary to bend a little harder at the oars in order to remain headed upstream. But the situation calls for energy in the back muscles, and not in the lungs and larynx. The thing to do is neither to sing nor to cry, but to pull.

The physician, in particular, is finding his own canoe no more wieldy than it ever was, and that only diligent and careful paddling enables him to stem the current. It was observed long ago, for example, that both volume of patients and percentage of collections is less in hard times than in good. People who look upon the doctor's services as a luxury decide to forego that luxury; and many of those to whom medical attention is a necessity either unwisely postpone their call or else join the rows of patients at the already overcrowded free clinics. "Prompt payers" become "slow payers", and "slow payers" become "charity cases." All of this the physician is expected to meet with fortitude and kindness—and does. But meanwhile his office overhead keeps right on with its insistent, monthly demands upon his thinning budget. His expense remains fixed, or very nearly so, through good times and bad, through prompt collections and slow, through heavy practice and light.

The question is: what can the physician do to improve matters? In trying to suggest some answers to this question, it is not my premise that the doctor should attempt to

is Worth Ten Placards

by H. Sheridan Oskelley

stimulate practice by artificial means—for to do so would be as unhealthy, as contrary to medical ideals, now as ever. What I do suggest is that physicians take active steps toward improving the value of the patient's dollar.

Call this placing medicine on the bargain counter, if you must; I only ask that you consider the advantages: the patient would be encouraged to seek medical attention when he needs it, and from the proper source, and would be given an incentive to remain out of debt for services received. The effect on the physician would be equally pronounced—he would be aided in maintaining a sufficient volume of patients to lighten the burden of office overhead, and his percentage of collections would inevitably be increased. In addition there would be the broader, social effect of lessening the lure of the free clinic, thus improving facilities for those actually in need of charity.

As for the specific methods of accomplishing these results, here are several which occur to me. 1—revision of the fee scale, setting a new minimum to fit the revised budget of the "white collar" class; 2—personal diligence on the part of the physician in seeing that the patient receives all necessary laboratory and x-ray work at the very minimum to which his social status entitles him, always remembering that an unreasonable bill for diagnostic work often deprives the doctor of his rightful fee for treatment; 3—hospitalization at home when practicable; 4—reducing the cost of medicines, so far as is possible by dispensing some of them in the office; (if the physician already does dispense, he will naturally continue doing so, even though he reduces his office fee).



In connection with these suggestions, I will mention two recent announcements made by organizations close to the medical profession, illustrating the fact that actions, and not aphorisms, count in times like the present. One of them is a private hospital in New York City, originally built

to care for wealthy patients, which has, according to its announcement, cut its rates radically, and has secured the promises of 120 physicians and surgeons to reduce their fees likewise. The second is a large chain of drug stores which has broadcast to the medical profession an announcement of its policy to fill free of charge, on the recommendation of the physician, the prescription of any needy patient.

Above all, let us not yield to the general hysteria by reducing the quality of our service. Recently I talked with a doctor in Washington, D. C., a man who has several assistants and a large suite of offices.

Said this man, after frankly stating that he had found it necessary to re-budget his office expenses because of poor collections: "I have just installed a new x-ray outfit, costing \$3,000."

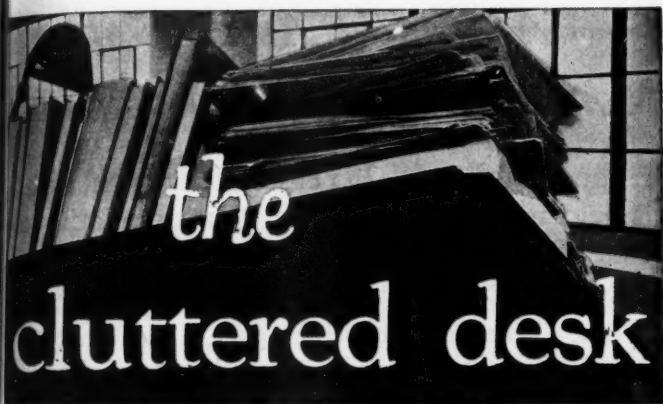
"But why?" I asked. "You already had a serviceable outfit, didn't you?"

"Yes," he replied, "but the old one was out of date—and I decided that my patients needed this extra service!"



*Dr. Karl
Landsteiner,
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THE American physician has been pretty thoroughly panned during the year 1930. Practically every periodical read by the public of the United States, except the *Police Gazette* and the *Magazine of Wall Street* has taken one or more slams at the profession of medicine, which is apparently to blame for the entire category of economic headaches in this country today, up to, and even including, the stock crash.

This storm of criticism, which was undoubtedly given considerable impetus by George Bernard Shaw's "The Doctor's Dilemma" has reached a thunderous climax in a book by T. Swann Harding—"Fads, Frauds, and Physicians" (The Dial Press, New York).

Mr. Harding has been one of the most prolific writers—yes, we guess even the most prolific writer—of articles condemning modern medicine. Quotations from his articles together with the replies they have drawn from officers of the American Medical Association and others, are what constitute in large part, the contents of the book.

This being merely a nut-shell

review of Mr. Harding's book—and not an answer to it—we are not prepared to go into an analysis of his arguments. The principal suggestion that occurs to us is this: that if Mr. Harding had in mind to revolutionize the practice of medicine with his book, if his purpose was to devastate the present structure at one stroke, his attempt would have been much more effective if he had done a little boiling down.

As it is, it seems to us that he has cluttered approximately 393 pages with large solid masses of quotation, reviews of literary sparring matches, and statistics—all of which, while it is undoubtedly relevant to the subject, only serves to dull the attack, such as it is.

A successful tilt is hardly to be made by loading one's self up with two dozen lances, a suit of battleship armor, and a heavy battering ram or two. Of course Mr. Harding might answer that by saying that he is not tilting; he is waging a siege. But even a siege has to be carried out with some sense of strategy, of mobility. Armies have been destroyed because they were too

A Clinical Analysis of Mono-Iodo-Cinchophen Compound

In the analysis of 1,255 cases of arthritis, arthritis deformans, osteoarthritis, neuritis, sciatica, etc., J. G. Ross, in the medical Journal and Record, cxxxii:11:555 (Dec. 3, 1930) reports:

"1. When monoiiodocinchophen is used singly or in conjunction with other drugs, relief of pain generally is accomplished rapidly and reduction of swelling with restoration of motion is noted in a substantially large number of cases.

"2. Except in cases of idiosyncrasy, the drug can be administered over long periods of time, with no harmful side reactions or toxic results. Gastric disturbances usually can be controlled by the use of an alkaline agent.

"3. Although not a specific, the results are more pronounced and of longer duration than from other forms of medication and treatment, as were reported in the majority of the cases observed."

Write for a full size package of FARASTAN
(Mono-Iodo-Cinchophen Compound)
and literature.

THE LABORATORIES OF

THE FARASTAN COMPANY

137 South 11th Street

Philadelphia, Penna

large, too cumbersome. It is our point that "Fads, Frauds, and Physicians" is too academic to be effective in the way that its author intended it. Revolutions are won upon the strength of single ideas, not upon the wisdom of encyclopedias.

A book of this sort, given the simple appeal of an "Uncle Tom's Cabin," could be a dangerously effective plea for state medicine. As it is, we predict that Mr. Harding's work is going to polish off a few studious elbows—and not do much more.

* * *

Another complaint we have against "Fads, Frauds and Physicians" is that it does not accomplish what its title-page promises, and that is "Diagnosis and Treatment of the Doctor's Dilemma." For that matter each individual chapter seems to us to be a distinct let-down on the reader.

"How Scientific Are Our Doctors?", "Are Physicians Humane to Their Patients?", "How Can You Choose a Good Doctor?"—the last named chapter, in particular, is a disappointment to anyone looking for visible information.

We've tried to view this book impartially, but we can't get away from the impression that Mr. Harding is out to hamstring the medical profession, rather than to assist the public.

* * *

At any rate (don't construe this as any backing down on the opinions just expressed) we recommend getting a copy of "Fads, Frauds, and Physicians" just to have it around as a handy encyclopedia of kicks against the profession. It might not be a bad idea even to leave a copy on the reception room table, as a clever way of showing those patients

who are intelligent enough to understand it, just how important you think it is.

* * *

In this space last month we reported the "apple-a-day" campaign in New York City. Since then the number of unemployed men selling apples along the curb has increased until, it might almost be suspected, there are more apple sellers than there were formerly unemployed.

With the campaign as inspiration, a New York physician sent us this:

An apple a day
Keeps the doctor away;
For the public it's really quite funny.

It may make them fit
While doing their bit
To help the idle make money.
But the doctor, so kind
He surely won't mind
If forced to take a vacation
He can live upon air
Have nothing to wear
And gradually die of starvation.

* * *

Since "Leaves from the Diary of a Physician's Wife" concluded in August MEDICAL ECONOMICS, a number (we don't know exactly, but there seem to have been hundreds) of letters have been received asking whether it is to be published as a book. We are able to announce, at last, that it is. The date of publication will be approximately February fifteenth, and the price \$1.00. Orders, with dollar bills, checks, or money orders attached—or simply requests to send the book C. O. D.—may be sent to MEDICAL ECONOMICS, Rutherford, N. J. The first edition will be limited to 1000 copies.

—THE MANAGING ED.

KEEP the Blood Pressure

Many drugs are capable of lowering blood pressure but few of *maintaining* reduced pressure sufficiently long to benefit the patient. Experiments prove that lowering of tension produced by the drugs classified as vasodilators is only a matter of minutes or hours.*

But blood pressure can be lowered, and kept down safely and surely, by administering a synergistic combination of approved vasodilators (sodium nitrate, potassium nitrate and nitroglycerin) in combination with Crataegus Oxyacantha—Pulvoids Natrico. Although incapable of lowering blood pressure alone, Crataegus Oxyacantha has the unique property of aiding in maintaining the lower level brought about by other means.

Try Pulvoids Natrico for yourself and check its results against the cold figures on the sphygmomanometer. Prove to your own satisfaction that the reduction of blood pressure they effect is not a matter of *minutes* or *hours* but of *days*.

*Effect of amyl nitrite lasts 7 minutes; nitroglycerin 30 minutes; sodium nitrite 2 hours; erythrol tetranitrate 4 hours; mannitol hexanitrate 5 hours.

Pulvoids Natrico

Enteric, Sugar Coated Dark Green Color

THE DRUG PRODUCTS CO., Inc.,
26-16 Skillman Avenue,
Long Island City, New York

- ☐ I enclose \$5.00 for which send me 1000 Pulvoids Natrico, postpaid.
- ☐ Send me free copy of "High Blood Pressure, its Diagnostic Importance, Its Efficient Treatment."
- ☐ I dispense and want your free catalogue.

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Both Wrong and Right, Mr. Swink!

By Arthur G. Falls, M. D.

MR. Swink presents in October MEDICAL ECONOMICS what would appear to be a devastating answer to my article in the August issue. In view of this amplification (and, I might add, modification) of his original article, I will have to answer: "Wrong and Right, Mr. Swink!"

I would be able to say "Right," since I am in hearty accord with much of his second article, were it not for some of his beliefs with which I still thoroughly disagree and for his rather hasty, and totally erroneous, concepts of my "business sense."

October MEDICAL ECONOMICS arrived in my office at a very interesting period. Two weeks before, a group of physicians in this community held a round-table discussion as to the advisability of initiating a Medical Credit Bureau to serve as a clearing house for credit information of our patients. One of the topics of discussion was this question: whether it is more advisable to join the Retail Merchants Credit Association than to form a purely medical body, or to join one dealing solely with physicians' accounts. During the discussion, the subject of Mr. Swink's article in the June issue came up. At the end, the sentiment of the majority seemed in favor of having some agency dealing primarily with the business affairs of physicians. When the October issue arrived, I was drafting a program of topics for discussion for our next meeting; and I will assure Mr. Swink that I personally will present this second article for consideration.

Now, as to Mr. Swink's coun-

ter-reply: by no means did I miss the aim of his original article. The part of my first paragraph not printed would have made this more clear. My point, however, is that in consideration of this subject these "subordinate statements" (one of which, incidentally, was not only put into italics as the *main conclusion* of his article but was further emphasized by being repeated in large type on Page 71) assume a great deal of importance in the minds of many medical men.

Mr. Swink assumes a belief on my part that it is NOT possible for the average physician to collect 90 to 95 per cent of his charge practice, regardless of the quality of his service. Well, I didn't state that, I couldn't, because *I am doing just that myself and hope to do even better!* What I did say, however, was that he would never do it if he depended solely on the quality of his service and the reasonableness of his charges to accomplish such results, and no one has made that more clear than Mr. Swink himself in his latest article, although he doesn't state it in so many words.

When Mr. Swink changes his original statement to read that every doctor "can" and "should" collect the aforementioned percentage, he changes the whole meaning of the statement, because he then must add that in addition to the quality of his service and the reasonableness of his charge, the physician must utilize "the modern man's technique for collecting accounts"—and with this statement I am heartily in accord.

(Turn the Page)

May
we



send you a **GERBER BABY**?

In a recent Gerber advertisement the suggestion that pictures of the Gerber Baby were available was mentioned as a matter of relative unimportance.

We were both pleased and surprised at the number of requests that resulted from this suggestion. In a similar manner, we have been gratified during the past year at the number of physicians and nurses who have expressed interest in pictures of the Gerber Baby at our various medical convention exhibits.

It is because of these things that we are taking this present opportunity of indicating more definitely that it would, of course, be a

matter of pride and pleasure to to have the opportunity of sending pictures of the Gerber Baby to anyone in professional work who might be interested.

The black and white lithographs reproductions of the original Dorothy Hope Smith drawing, measure 10" x 11", and are free from any objectionable advertising matter. If we may do so, we would be glad to forward one of these on receipt of coupon below.

GERBER PRODUCTS DIVISION
Fremont Canning Co., Fremont, Michigan

Gerber's
STRAINED VEGETABLES



for baby—for
the older children
—for diabetic,
colitic, and
other special
diets



GERBER PRODUCTS DIVISION
Fremont Canning Company,
Dept. ME-2, Fremont, Michigan

Without obligation on my part, I would like you to forward one of the lithographed reproductions of the Dorothy Hope Smith Gerber Baby to the name and address below.

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Perhaps before going further, I ought to dispel some of Mr. Swink's erroneous concepts of my business "inefficiency." He speaks of the "naive belief" that all it takes to succeed is a determination to be business-like, and emphasizes the fact that mere determination is not enough.

I agree with him there. In fact, if he will refer to my article, headed: "As a Beginner Figures it Out" in MEDICAL ECONOMICS for May, 1929, he will find my own statement that a firm determination and cautiousness might keep a physician from being a "sucker" but doesn't make a business man out of him. Furthermore, the opinions I have expressed are based not only upon my own experience but upon that of many other physicians with whom I am in quite close contact.

Apparently Mr. Swink misunderstood my use of the word "typical" in my previous article. The cases cited are typical of cases I have met in the sense that I met them in the beginning and I am still meeting them, and were used to illustrate the fact that in most cases of non-payment of fees, dissatisfaction with service rendered or with charges made was NOT the factor involved. I certainly did not say that such cases constituted the majority of my practice.

Since Mr. Swink has even gone so far as to suggest that I "abandon medicine and go into the radio or automobile business," I might give some data from my files for the last four of my five years of practice. The following table gives the percentage of collections from three angles: charge practice, private practice, and total income. By private practice I mean the routine work of general practice, exclusive of insurance work, legal work or of miscellaneous income. It is perhaps an arbitrary division but it serves as a truer index of the percentage of medical collections than the total income. However, I am presenting all three for consideration.

PERCENTAGE OF COLLECTIONS

Year	Charge Practice	Private Practice	Total Income
1927	37.38	76.24	93.07
1928	69.10	93.08	97.49
1929	98.06	99.63	99.75
1930	63.98	93.13	93.61

Mr. Swink suggests that I refrain from judging the collection possibilities of a doctor's practice by my own experience and by that of my colleagues. That procedure might seem logical to Mr. Swink, but I am of the opinion that my experience can serve very definitely as a basis for judgment.

Why did my percentage of collection of charge practice jump 32% in 1928?

At the beginning of 1928, I formulated certain rules concerning the granting of credit to patients and the collecting of current accounts.

Why did this percentage again increase 29% in 1929, in spite of the developing business depression?

Because not only did I materially reduce the number of credit accounts extended, but my patients began to realize that I intended them to pay me as regularly as they paid their merchants.

Mr. Swink, on the other hand, urges me to analyze *myself* as the party at fault, and not my patients. All right, suppose I say that the 61% increase in collections of charge accounts is due to my increased ability to "sell" myself to my patients; suppose I say that this represents the increase in the quality of service rendered and the reasonableness of fees charged.

Then WHY the decrease of 35% for the first nine months of 1930? Is it logical to assume that my ability to "sell" myself has suffered such a sharp setback? Or, likewise, is it logical to assume that I suddenly have become lax in the quality of service rendered or in the reasonableness of charges made?

(Turn the page)

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I think not. It is logical, though, to assume that because of the prolongation of the business depression, I voluntarily have relaxed in my adherence to the rules formulated relative to the granting of credit—and that is exactly what that 35% decline represents. I venture to say that there are not many physicians who are not now granting credit to old "good pay" patients now out of work and with no idea as to when they will again be working.

So, based upon my experience and that of my colleagues, I cannot help but believe that the medical man's attention should be centered not principally upon his service, for I frankly feel that most of us give good service, but upon a modern technique not only of collecting accounts but also of granting them.

Mr. Swink presents some figures, explaining that his 60 cases are but a small sampling, so I'll discuss them simply as 60 cases and not as a basis for general conclusions. Now statistics, as everyone knows, can be interpreted in many ways. I can follow Mr. Swink's line of reasoning very clearly, but I also can follow another line of reasoning even more clearly. Suppose I confine myself to the "bad pay," because as a rule where the patient is "good pay" to his professional attendants, he is the same elsewhere. This is substantiated by the discovery that no poor risks for merchants were found in the first 30. As to the second 30, Mr. Swink says that only 6 "poor pay" patients were found who were good credit bureau risks. But when one remembers, as he says, that the 14 "no information" patients cannot be used for comparison, then one finds that 6 out of 16 known were in this class. In other words, instead of this group representing a few exceptions, they actually form 38% of the group found—an appreciable percentage. The fact that two used the

excuse of "unsatisfactory service" is no reason for excluding them from this group, when one is dealing purely with statistics.

It would have been interesting, also, if he had been able to know the promptness with which the doctor was paid as contrasted with the promptness with which the merchant was paid in these examples. So Mr. Swink's experiment may give an idea of the percentage involved, but it surely does not disprove the statement that the public generally pays the merchant before he does the doctor, if he pays the latter at all.

Mr. Swink presents five reasons why the doctor's hazards are greater than the merchants, and all five reasons are adequately discussed. I see no reason, however, why an efficient medical man should be content with a 5-10% loss, particularly in view of the fact that I have been able to decrease it without the assistance of any bureau. Nevertheless, I am not content with the method I have had to adopt in order to reach this percentage: namely, rigid rules as to whom credit shall be extended. I realize the fact that I might have a larger practice and a better income if I had definite credit information in advance of my service, and if I had some plan whereby I would not have to bear the burden of carrying a large number of credit accounts. As a result, I see three definite lines of procedure ahead of me, and I am giving them serious consideration:

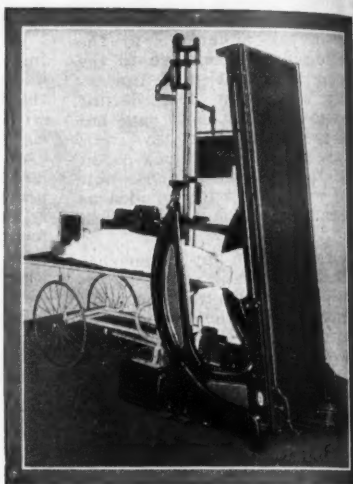
1. For those patients whose accounts I know at the beginning will run \$35 or more, I am considering using the service of some creditable organization to finance their accounts. To illustrate, if I have a patient who needs an operation at once or who requires intensive treatment at once, I can have him sign a note for the amount, have the organization discount the paper, and let him pay back the company on

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Illustration shows the Victor Shock-Proof X-Ray Unit, Model B, applied in a manner never before possible with any other type of x-ray apparatus. Assume this to be an emergency case, where a radiograph of the head is desired, and the condition of the patient preventing transfer to the x-ray table. With this Victor Shock-Proof Unit, it is only necessary to raise the table top, wheel the patient's cart into position, focus the tube (within the shock-proof head), and proceed with the making of the radiograph. A fluoroscopic examination may be done with the same facility.

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ceivable angle or across table. The apparatus is easily and readily changed to meet the desired setting, even by a very small technician as I happen to have.

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the installment plan. This would give me a better working capital, a higher return, and a freedom from the worry and expense of collecting from my own office.

2. For those patients whose accounts run less than \$35, I can accept a down payment and, in accordance with the advice of my attorneys, have a judgment note signed for the balance or a wage assignment, if the patient works. This isn't a chattel mortgage, as Mr. Swink suggests, but it is something far more effective. I already have started this and I have yet to find a patient who offered the slightest objection; patients always are willing to acknowledge their obligations when they're sick—unless they're plain deadbeats. Further, I do not see that this procedure conflicts with the ethics or dignity of the practice of medicine.

3. The group of medical men, whom I mentioned in the beginning, are, I believe, going to form a Medical Credit Bureau, acting as a clearing house for information of all their patients, in the same way that the Social Service Exchange functions in most big cities, or else join some organization that can act in the same capacity. Most of us feel that we want to know particularly how a patient pays his doctor. Furthermore, we feel, as Dr. Little stated in October MEDICAL ECONOMICS: "we must keep the

control of our profession in our own hands." Some of us are loathe to turn over the entire administration of our business affairs to lay organizations. We feel that the Retail Credit Merchants Association, with all due respect to its efficiency, cannot serve us in this particular as well as a Bureau dealing primarily with our own situation.

One can readily see that following this plan enables a physician more freedom in granting credit to qualified patients as well as a greater percentage of collections. Of course, we must render emergency service to patients, but the next morning we can call the Credit Bureau, find out the patient's medical rating, and proceed accordingly. The plan will benefit the patient as well, for his needs are not best served by the methods we have been successfully employing for so many generations.

I am well aware of the fact that this plan may be accepted by the group in this community and yet not be adequate for a group in an entirely different community, so I am not offering it as a universal remedy for our business ills. On the other hand, I certainly cannot accept the dictum of Mr. Swink—"that separate credit bureaus, organized and operated solely by and for doctors, are both impractical and unnecessary!"



"My Check is Good"

Reported by Lawyer Hayward



IF a doctor gives B a \$100 check on a solvent bank, and has \$101.01 to his credit, the doctor is quite legally justified in saying that his check is good.

The law is equally plain that the doctor and the bank may legally arrange that the bank will permit him to overdraw up to a

certain amount, a sum specifically agreed upon in advance.

Now, if the doctor has a credit balance of \$1 when he gives the \$100 check, but has an arrangement with the bank permitting a \$200 overdraft, dare he say that his check is good?

This problem, which is not so easy, has been answered by the New York, Alabama and Illinois courts in the negative.

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Round Table

By George B. Lake, M. D.

EIGHT or nine years ago, a group of Chicago physicians, all personal friends, conceived the entirely sensible idea that there was no valid reason why their professional and social relationships should be kept in water-tight compartments. Acting upon this thought, they formed themselves into a club, with the purpose of improving themselves and one another and cementing their personal ties.

The arrangement was a success, for a short while, but there were several among the number who were much more interested in the social than in the professional aspects of their association, and the meetings gradually lost their medical character and became simply parties, in which their women-folk were sometimes invited to participate.

For good or ill, the fact remains that most sincere and successful physicians feel that purely social functions are more or less a waste of time. The upshot of this matter was that the men who could really make such a project worth-while dropped out and the thing died a natural death.

However, the ones who had fathered the scheme in the first place still believed that something of the sort was practicable and, early in 1925, those who were really in earnest arranged for a dinner to which a few

other carefully chosen men were invited. At this informal function the subject was talked over at length and it was decided to organize the group, loosely, as the Medical Round Table of Chicago.

The tentative plan adopted, which, by use and experience, took rather definite shape, was something like this:

The Medical Round Table should consist of not more than twenty members, all of whom must be active and sincere physicians, personally congenial to each other and representing as many of the specialties as possible. The fields of internal medicine, general surgery, endocrinology, neuropsychiatry, pediatrics, gynecology and obstetrics, urology, otorhinolaryngology, ophthalmology, industrial medicine and surgery, dermatology, chemistry, roentgenology, physical therapy, medical journalism and general practice are now covered among the membership. The names of five (twenty-five per cent) of the members appear in "Who's Who in America;" the proportion of the general population who receive this recognition being about one in four thousand.

There should be no formal, written constitution or by-laws, but certain rules should be adopted, by common consent and subject to change as experience dic-

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Optochin Base

treatment of pneumonia every hour lost in beginning treatment is to the disadvantage of the patient. Valuable time may often be saved if the physician will carry a small vial of **Optochin Base** (powder or tablets) in his bag and thus be prepared to begin treatment immediately upon diagnosis.

Literature on request

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tes. The officers decided upon a president and secretary, to be elected each year. As there were to be no dues, no treasurer was required.

The group, it was decided, would meet once each month, in the evening, at some satisfactory place where a good dinner could be served in a private room, and dining together and devoting the time at the table to purely social intercourse and general conversation, each man paying his share of the expense.

* * *

This activity of the Medical Round Table has proved, in actual practice exceptionally worthwhile. After dinner, one man—a member of the group or an outsider, by invitation—gives a talk on some live and pertinent aspect of medicine or the allied sciences. *No papers are read*, as the Round Table desires to hear only from men who know their subjects well enough to talk about them easily and intelligently with, perhaps, the use of a few speaking notes.

To such presentations the members attend closely and, when the talk is finished, each member is expected to discuss it, briefly, if he has anything at all to say to the point, and each one will be called upon, by name, for such discussion. After the members have been heard from, any guests who may be present are given an opportunity to speak.

Much of the time spent in so-called discussion, at the average medical meeting, is devoted to banal and meaningless eulogies of the essayist and his efforts. Such remarks are taboo at the Medical Round Table; it is assumed that all speakers have something real to say. Any comments made must be directly to the point under discussion and should be entirely frank, as we are all personal friends and no offense is ever meant or should be taken.

With a group as small as this, the success of the meetings de-

pends upon the keen interest and regular attendance of all the members. Those who are not sufficiently eager to attend seventy-five per cent of the meetings, unless kept away by some valid and unavoidable duty or emergency, are considered as having lost interest in the organization, and their names are dropped from the list, to give place to others who are more thoroughly in sympathy with our plans and purposes.

Each member is permitted to bring a guest four times each year and is urged to bring such persons as may prove eligible to membership when vacancies occur. In this way, the members can become acquainted with promising persons and decide whether they will make congenial and active members of the group.

When a vacancy occurs, the name of another man known to all is proposed and, if unanimously agreed upon, the candidate is invited to give one of the monthly talks, in the nature of an initiatory thesis which, if successful, marks the reception of the new member into the group.

Scientists of note, not members of the medical profession, may be admitted to honorary membership, giving them all privileges except that of voting.

Each member is furnished with a certificate of membership, signed by the president and secretary, for which he pays the cost price, about one dollar.

Since the first meeting for reorganization, the sessions have been held every month, summer and winter, without exception, with an attendance of the members averaging between seventy and eighty per cent and an average of about one guest to a meeting. Almost all of the talks given have been of such a character that one would be justified in making a very serious effort to hear them; and many guests have remarked that they have never heard such discussions anywhere.

(Turn the Page)

This may well be imagined when one remembers that, for example, a talk on diseases of the internal ear is discussed, not only by head surgeons, but by a neuropsychiatrist, an obstetrician, a general surgeon, a urologist, a dermatologist and several other specialists who are able to think along other lines than their own and to turn the light of their special knowledge upon a variety of problems.

Several changes in the underwritten rules have been made, from time to time, as experience showed their advisability.

It was found difficult to obtain a concensus of twenty busy men, to determine questions of immediate policy, so an executive committee, consisting of the two officers and three others was appointed, to take action on routine matters.

The status of "honorary member" was dropped and one or two enthusiastic, non-medical scientists were admitted to active membership. With this change, the status of "non-resident member" was created, and several keen men, living in cities within easy traveling distance of Chicago, were thus admitted. When in Chicago on a meeting night, these outside members come freely to the meetings and enjoy all privileges except that of voting. This plan permits extension of our influence and brings new viewpoints into our group.

The maximum membership was increased to twenty-five, in order to avoid the danger of excluding some especially desirable member because there was no vacancy at the time. This new quota has never yet been filled, nor will it be unless the emergency arises, for which it was created. The restriction on the number of guests per member was removed.

In the autumn of 1926, another line was added to our activities, by the publication of a monthly *Bulletin*. This little paper is

mimeographed and is the special hobby of one of the members. It was a bit ragged, at first, but soon became a sightly sheet of from four to eight pages, every line of it contributed by the members of the Round Table.

In addition to brief reports and announcements of the meetings and schedules of the various professional, social, political and literary activities of the members, the bulletin contains editorials, essays, verse, short stories, caricatures and other contributions, the sole requirement being that no directly medical matters may be discussed. Recently a symposium has been running on "Why I do not (or do) go to Church."

The expenses of this publishing venture are borne, in part, by voluntary contributions from the members, but the enthusiast who fathered it spends quite a sum in addition to that received from the others. Such a publication cannot be carried on satisfactorily for less than \$150 or \$200 a year; and, of course, no advertising can be honestly solicited.

In 1928, the Medical Round Table was officially listed among the organizations of the city, in the "Blue Book" (directory of Chicago physicians), and its fame has been spread by guests from other cities. Copies of the *Bulletin* are eagerly sought, but the edition is, necessarily, very limited.

Here is an organization which is making a very genuine contribution, not only to the professional, but also to the social and general cultural sides of the lives of the members. Cordial friendships are cemented; understanding of and sympathy with one another's problems are developed; and the frank, friendly and outspoken interchange of professional views, among active, enthusiastic and thoughtful workers in widely varying lines of endeavor, engenders a breadth of outlook which is scarcely obtainable in any other way.

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In 1929, it was decided that the scope of our knowledge and interests would be increased by inviting, three or four times a year, an expert in some non-medical line to talk to us about his work, or having some member discuss his hobby. These meetings have, as a rule, been highly successful.

There seems to be no valid reason why such a group should not be organized in any com-

munity where there are ten or more physicians who are on reasonably friendly terms. Friendliness might even be developed in some who, previously, had seemed to have few gifts in that direction, and the cordial and sympathetic cooperation which would result from such association might well have incalculably far-reaching effects on the development of medicine in these trying times for our profession.



Payment by Check

Reported by Lawyer Hayward



AM enclosing herewith my check in full payment of my account, which I trust you will find in proper order," the patient wrote.

The young doctor received the check after banking hours on a certain Monday, deposited the check on Tuesday; the bank sent the check to the clearing house, and it was presented to the bank on which it was drawn on Wednesday, but was unpaid, as the drawee bank had suspended business on Wednesday morning.

Whereupon the doctor demanded payment from the patient.

"I paid my account by check," the patient pointed out.

"And it was dishonored," the doctor retorted.

"If you'd presented the check within a reasonable time, as required by law, it would have been presented on Tuesday, and paid, as I had ample funds to meet it when the bank suspended business," the patient contended. The doctor sued, and the Idaho Supreme Court in the recent case of *Brisline vs. Benting*, 228 Pacific Reporter, 309, ruled in his favor.

* * *

Your account in favor of Dr. Blank for \$75 has been left with

me for collection. Unless I receive payment within five days, the claim will be placed in "suit" the attorney wrote.

"Am enclosing herewith my check for \$75 on the Sand Bank, in favor of Dr. Blank, in full payment of the account," the patient wrote, and the accompanying check form was filled out in the patient's handwriting, in black ink.

The attorney promptly dipped his pen in the purple ink bottle, wrote "John Jones, attorney for" above the name of the doctor, endorsed it "for deposit a/c John Jones, attorney," and deposited it in the River Bank. The River Bank collected the check from the Sand Bank; the attorney checked out the proceeds, failed to account to the physician, and departed for parts unknown and inaccessible.

"The alteration on the check in a different hand and a different color ink was a material alteration that should have put you on inquiry, and you're bound to make good the loss," the doctor told the cashier of the River Bank, and the Supreme Court of North Carolina in a recent case reported in 123 S. W. Reporter, 830, ruled that the bank was bound to make good the loss, and the same rule has been approved by the courts of other states.

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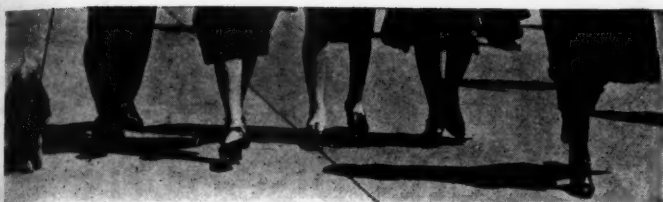


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Shoes— and the G. P.

By Norman D. Mattison, M. D.

IT has been well said that "the most difficult thing to see is the obvious." Every forward-looking general practitioner is interested in ways to increase his income, and one definite means to this end is so apparent that it is a wonder it has not been more generally observed and then utilized.

It is the purpose of this article, therefore, to discuss the economics of one phase of professional work that is at present receiving very little attention from physicians—work in a field so fallow that there is substantially no competition in the professional realm at the present time.

There is no problem in general medicine, certainly no inquiry having to do with public health that is any broader in its scope, nor that touches the welfare of so many as the one here to be considered. It is a problem that has confronted the healing art for the past four hundred years, in one of its extreme aspects at least, and it occurs to the writer that if a solution is ever to be reached there is no time like the present to arrive at it.

It is no part of the purpose of this article to enter into an abstract discussion of the economics of research work; rather to direct the attention of every gener-

al practitioner to the advantage to be gained from a research into an art, one directly allied to established medicine and another affiliated with it. I refer to that *terre incognito* of general medicine—the treatment of the feet, and the proper fitting of them with "right" shoes adapted to their needs.

A page from the book of the author's own experience is opened for the purpose of demonstration. Some years ago a realization was forced upon the writer that no matter what corrective measures were made in that condition which affects substantially all patients in some degree—chronic foot strain—there were no shoes available to aid the patient in maintaining the improvement, shoes so fashioned that balanced action (a symmetry of feet and footwear) could be attained and maintained. An individual research and investigation was therefore begun, and this has proved of far more advantage from the standpoint of results attained than could have been foreseen years ago.

This foreword leads up to the objectives of this brief article—to point out to the general practitioner not only the economic advantage to be gained by the treatment of his patient's foot condi-

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tions, but more especially the advantage of a research into an art that is practically limitless in its possibilities for the progressive physician.

In order successfully to conduct a research from which some financial returns may be expected, the physician should see that the field is broadly expansile, that it has to do with a commodity in extensive use, one for which a demand already exists and does not have to be created, and also that the art has not progressed from the technical end to the extent that it is already definitely established as applied science. The present status of American shoemaking makes these factors a splendid impetus to the progressive general practitioner, factors the limits of which are only circumscribed by the breadth of vision and the acumen of the physician who may reap the reward, perhaps the very large reward, awaiting the solution of these problems.

"Happy is the man who has learned to search into the reason of things." For four centuries those having to do with the healing art have roundly opposed the artificial in footwear; yet despite this, most women's shoes have higher heels and are more pointed than ever. The reason for this is not hard to find. Well enough to say that shoe manufacturers will respond to the foibles of fashion so long as it is profitable to do so, no matter how ruinous the results may be on the wearers of "style" shoes. I doubt, however, if the shoe industry generally knows the sometimes devastating effects of these artificial creations of footwear upon the feet of the wearers.

The reason for the perpetuation of modish shoes lies much deeper. If the manufacturer has erred in a neglect comprehensively to inquire into the effects of extreme shoe types upon the wearer's feet, this is of small import compared with the inertia of the medical profession, which inertia is largely responsible for

the continuance of stylish footwear.

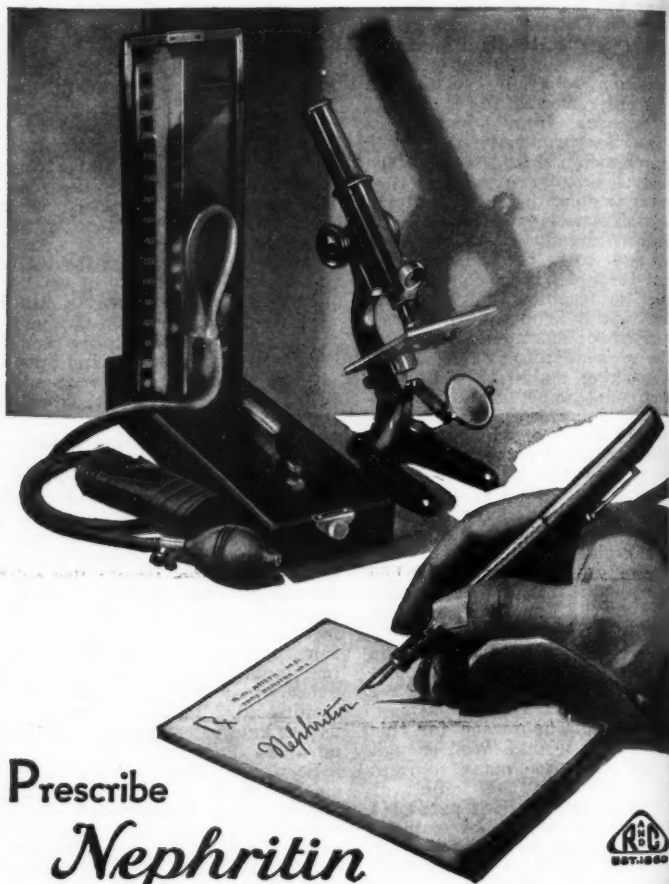
It is as much the medical profession's duty to search for, and having found, to eradicate the cause of foot ills as it was its duty to eliminate yellow fever. Styles as well as mosquitos should come under the active banishment of the medical researchist; foot troubles should be subject to as much attention as tuberculosis.

This, then, is at once the obligation and opportunity of established medicine to remedy a situation that is based upon unsound mechanical principles as concerns the shoe industry, and upon unsound scientific and economic principles as concerns the healing art.

Experience proves that the initiative in developing anatomical and scientific footwear is not to be taken by the manufacturer of shoes, and this order will continue until an interested and awakened medical profession demands a change. Herein lies opportunity in the aggregate for a splendid service as a public health measure; herein is a most opportune and extensive field in which individual research and investigation may be developed and manifested. "The scientist advances knowledge; his interpreter advances the world."

Sooner or later there must emerge from the experimental laboratory a standardized shoe, symmetrical with the foot because it will be based on a norm. When a sufficient number of progressive, forward-looking general practitioners take up research work upon shoes as a step in individual and collective professional and economic progress, a four-century-old problem will work toward a logical solution because it will be properly interpreted; and each participating physician will be not the least of the gainers.

It is the vague hope, as it is the definite need, of millions of foot sufferers that this day may be hastened.



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"Speaking FRANKLY"

(what the readers think)

Endorse

TO THE EDITOR:
I have just received a copy of October MEDICAL ECONOMICS. I read Dr. Clendenening's article in *Colliers*, and beg leave to endorse everything Dr. Clendenening said. Get out and get acquainted with the specialists, the so-called surgeons, and find out that 65 to 85% of all operations performed are not necessary; then you will beg Dr. Clendenening's pardon.

W. D. Padget, M. D.

Mistake

TO THE EDITOR:
Admitting that Dr. Logan Clendenening did make a very grievous mistake in publishing an article, "Let your Doctor do it" in the August second issue of *Collier's*, do you not really believe that the doctor's article is a reply to one which appeared in the same periodical some six months or more ago in which the author made the remarkable implication that the only wholly trustworthy and competent physicians in these United States of America are those who hold membership in "The American College of Surgeons."

Perhaps Dr. Clendenening did exaggerate when he affirmed that 80% of all surgical operations are needless and impotent procedures, but he did not miss the mark far when he asserted that 40% of all operated patients are worse off after operation than they were before.

Unfortunately we physicians are lamentably ignorant concerning the important subjects of psychology and personality defects. In fact the only psychology that 80% of us are adepts at consists in the free use of mental suggestions which terrify our patients into submitting with

docility to our too frequently ill-advised therapeutic proposals. Dr. Karl A. Menninger in a book entitled, "The Human Mind," published recently, asserts that 50% of all human ills are psychological in nature and due to maladjustment to the natural laws which govern mental and physical health.

The neuroses and psychosthenias are the bug-bears of an overwhelming majority of physicians, who either make light of the complaints of the mentally ill, or else resort to a type of therapy which aptly may be termed shotgun surgery. First, the tonsils are removed in the hope that the shock may effect psychic improvement. If this fails to frighten the patient into getting well, then next in order, an appendectomy or ovariectomy is usually done, and so on down the line of surgical procedures; operation after operation is performed until the patient either succumbs or is bankrupt.

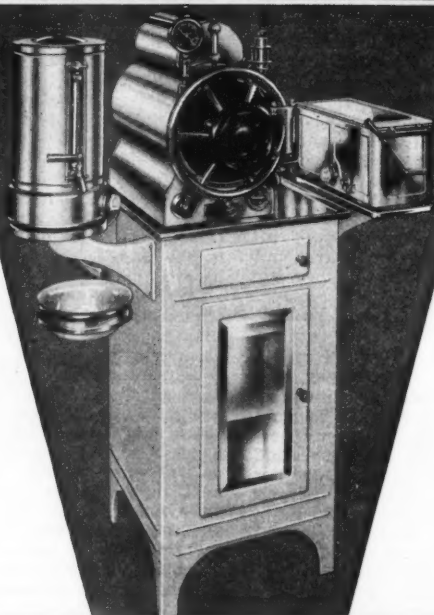
The surgeons exonerate themselves with the platitude, "Oh, well! if I fail to operate this neurotic, then one of my colleagues and competitors will." Dr. Clendenening is quite right—there is entirely too much "whittling" being done which neither ameliorates suffering nor renders the patient a more efficient member of society, but which actually effects positive harm.

Really and truly, don't you think so too?

F. H. Kuegle, M. D.

Health Dept. TO THE EDITOR:
At the risk of a few more brickbats, permit me in this land of free-speech, to observe anent "Health Department Advertising," in your

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splendid November issue, that if health departments would use their energies toward sanitation and prevention of disease, instead of the Practice of Medicine, it would be the best advertisement the overburdened taxpayer could wish or hope for.

The large city in which I live has a very expensive health department, as does also the county; much of their work overlaps and is duplicated. There is much mere job-holding. Expensive and ornate health centers gradually extended in all parts of the city and county provide free medical turkey with trimmings for the country doctor's prospective clients, and the city emergency hospital and city health office create a lot of supernumerary medicos—whose main duty is to pay innumerable special assessments, taxes, lodge dues, licenses and whatnot.

Meanwhile, the city streets are dusty, dirty, and seldom flushed; mosquitos and flies and rats abound, diseased and rotten meat, vegetables, etc., are sold; unclean restaurants abound—and yet the statistics sound excellent.

In organizing a health department branch, one needs a swivel chair, a good solid desk to put the feet on, a card index, a stenographer (gentlemen prefer blondes), a megaphone, a racketeer reporter—and he is all set. Salary and side money, vacations and trips. Let the health departments stick to their lasts and give the poor medicos a chance to bore in by themselves. More and more must we fight for less encroachment by the salaried job-holder on the province and prerogatives of the practicing physician.

G. F. C.

Truth

TO THE EDITOR:

The article "Cutting Costs" by Robert Parker Little in the October issue was certainly splendid—the plain, unvarnished truth. I agree with him in every particular. More power to him.

W. E. B.

Gulf

TO THE EDITOR:

The writer has been following very carefully the articles written by Dr. Clendenning.

I fully appreciate the stand he takes in regard to the general practitioner: "The New General Man!" "Let the home doctor do it!"

MEDICAL ECONOMICS seems to think these articles are not constructive. They certainly picture things as we general men see them. It has been my good fortune to be a general man since leaving school and tacking up my shingle.

For several years after leaving school I referred a considerable number of patients to the specialists. But of late I have largely changed my attitude, as the treatment afforded me has been very "raw" indeed.

When you refer a patient it is the same as saying "good-bye." You scarcely ever receive an acknowledgement of the case, much less a diagnosis or line of treatment. If you desire to find anything out you must call the specialist, and often then his answers are very evasive.

Not only does he take the case you send but endeavors to trail in his relatives and friends who are your patients.

This treatment is practiced by every line of specialist with whom I come in contact. To meet the condition—which is growing steadily worse—the general practitioner must better equip himself.

Build a small hospital, install x-ray diagnosis equipment, physiotherapy and electro therapy, and do special work himself! Where ten years ago I referred ten patients now I do not refer one. Why? Because I would soon refer myself out of practice.

Often-times when you call a specialist into counsel, he endeavors to stage a show proud to tell the people of his advanced learning.

The gulf is broadening be-
(Turn to Page 85)

FOR THE AGED

For the aged patient who is lacking in vitality, a prey to morbid depression and nervous exhaustion, Eskay's Neuro Phosphates is of great value as a "tonic" and reconstructive. It improves the appetite, tones up the system, and helps to produce a more optimistic mental attitude.

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Who Pays?

By Ross Dudley

ON January eighth, Miss Frances H., age thirty-three, was in an unconscious and critical condition in a sanitarium. The head of the sanitarium telephoned Dr. Mc., the plaintiff, to attend her, which he did.

On January eighteenth, her mother, who had been in the East, arrived in California, after Dr. Mc. had been attending the daughter for ten days.

Upon the arrival of the mother, the doctor, as he testified at the trial later, had a conversation with her. He related it:

"Mrs. H. had me explain the condition of her daughter, the situation, what had been done, what was necessary to be done. This conference was quite prolonged, a couple of hours I saw her, and in expressing her appreciation and approval of my efforts and my advice and opinion of her daughter's case, she assured me in words and in manner to go right ahead and give all of the services, be unsparing in my time in looking out for the daughter; that it was very necessary for her to be in the hands of someone competent to understand the condition; that I would be adequately compensated for my services."

With reference to other relations with whom he conferred Dr. Mc. testified:

"I was assured to go ahead by all concerned and I was to be adequately remunerated; no definite statement as to who should do that, or as to how, or what it should be."

The plaintiff daily attended upon the daughter up to the 30th day of January. Later the plaintiff sued the mother's estate for

the reasonable value of his services. (The mother's estate stands in the same legal position as the mother would if she were still living.)

Was the mother liable for the doctor bill or her estate after her death?

The California Supreme Court held that the estate was not, saying:

"The general rule that, where a person requests of another the performance of services, which are performed, the law implied a promise by the former to pay their reasonable value, has no application in the case of a physician, if the relation to the patient of the person who requests be not such as imports a legal obligation to pay.

"It is clear therefore, that the mere request of the mother that the plaintiff render services to the adult daughter would not be sufficient to imply a contract to pay for such services. In determining whether or not the mother agreed to pay for the services rendered to the daughter, it is important to bear in mind that the plaintiff advised the mother that the daughter was incompetent and for that reason should be placed under guardianship. Her statement that the plaintiff would be adequately compensated for services requesting him to render such services must be construed in the light of that situation.

"The amount of such compensation to be allowed to the plaintiff would be passed upon by the mother as guardian in the event that she was appointed, or if not, by such other relative as was appointed, and it was therefore important that plaintiff

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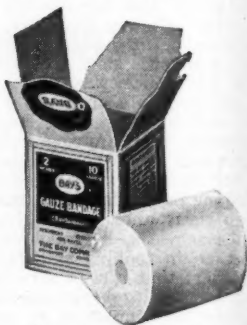
1. The paper-wrapped bandage for gauze bandage. This is the usual form of put-up for physicians for the non-ravel BayBandage. Until the non-ravel BayBandage. Until recently we thought that all physicians preferred it.
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should know that the relatives of the patient, including the mother, desired that he should render services and were willing that he be compensated therefor.

"If it had been the intention either of the mother or the plaintiff that she should become personally responsible for the payment of such services, it would have been very simple for him to have secured from her a direct statement to that effect.

"It is unfortunate and seemingly inequitable that Dr. Mc. has had to go unpaid. He undoubtedly gave important and valuable aid much desired by Miss H's relatives. *The situation in which he is left is apparently due to the fact that, unmindful of his private interest, he trusted to be paid instead of exacting an express agreement from someone competent to act.*"

One of the most perplexing legal problems that continuously arises in the medical profession is: who is responsible for the doctor's bill when the services are rendered at the request of a third party?

While the patient may be liable, it so frequently happens that the patient is financially irresponsible that the doctor would not perform the services merely upon the liability of the sick person, unless he considered it a charity case. While the doctor expects to give unstintingly of his services in the many cases where the patient and his family are penniless, there is not much satisfaction in so doing when the immediate family is fully able to pay, if they can be held legally responsible.

Among the various situations which arise are the following:

1. The liability of a parent for services rendered at his request to (a) a minor child; (b) an adult child.

That the father is liable for medical services rendered to his minor child or wife, living in his home, is of course very elemen-

tary law as every physician is well aware. The situation under which the husband is not liable is so rare, such as perhaps where the child may have voluntarily left home and gone to another state, thus relieving the father of providing for him at all, as to hardly require discussion.

The second classification, that of the liability of a parent ordering services for an adult child, has already been considered, and the California case is in accordance with the general rule laid down by a number of supreme courts of other states, to the effect that a request by a parent to a physician to attend a child who is of age, or the parents' acquiescence in the physician's attendance upon such child, does not raise an implied promise on part of the parent to pay for the physician's services, although the child is ill at the home of the parent.

The legal distinction between the liability of a parent for services rendered to an adult child and a minor child, both of whom may be living at the parent's home, is this: *a parent is legally liable as a matter of law as one of his obligations of being a parent, to provide medical services for his minor children as well as other necessities, but he is not under the duty to provide the necessities of life for a child who has reached the age of maturity, unless perhaps the child was an invalid, or mentally incompetent and was being supported by the father.*

But, the physician may make the parent become liable for the services by having the parent definitely promise to pay for the services personally, *before said services are rendered.* The importance of the phrase, "before the services are rendered," will be explained later.

2. The next classification is the liability of the person ordering the services when the patient is a brother, sister, or other relative. The general rule is that

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the law will not imply from the mere act of one calling a physician to attend a brother, sister, or other relative, a promise on part of the relative calling to pay for the services rendered.

While a brother may assume the obligation of supporting his sister or another brother or other relative, it is of course obvious that there is no inherent obligation upon him to do so. In one case the Rhode Island Supreme Court said: "Brothers are strangers in respect to any obligation to take care of each other."

It has also been held that there is nothing in the relationship of father-in-law and daughter-in-law from which the law will impose on the former liability to pay for medical treatment of the latter. Also, that the presence of a son-in-law while his mother-in-law is being attended by a physician is not sufficient to show an implied promise to pay the physician.

However, in a New Hampshire case—44 Atlantic 535—the supreme court of that state held that where parents conveyed properly to their daughter in consideration of her agreement to support them and pay for necessary medical services rendered them, a physician rendering necessary medical services to the parents can recover therefore from the daughter, although he first rendered his bill to the mother without knowledge of the agreement.

In the last case the daughter is held liable because she had previously specifically assumed, for a valuable consideration, the legal obligation to take care of her parents and provide the necessities of life for them.

3. Thus, from the rules laid down in the preceding classifications, it is obvious that a person who is not a relative of the patient, but calls the doctor, is not liable personally for the services rendered at his request, as,

in the words of one supreme court:

"A humane policy encourages the summoning by others of medical aid for those who may be stricken and unable to act for themselves. It would be quite easy in such a case for the physician to inquire if the person making the request intends to become personally liable; when he fails to do so, he has no one to blame except himself for having acted upon a mere request without an assurance that the party making it intends to incur a personal liability. The physician should remember that persons commonly call for medical aid for the sick solely out of a spirit of kindness, irrespective of the relationship and without any expectation of becoming personally liable."

An interesting situation arises when the patient is unconscious, as for example after an automobile accident, at the time the physician is called. While the patient does not actually call the physician himself nor authorize any one else to, yet he is liable for the services rendered. As one judge said:

"The physician is entitled to enforce his legal rights to recover regardless of what may be considered the ethics of the medical profession in such a case, with which the court is not concerned. Duty requiring him to give his aid and having given it, he may expect payment by reason of the promise created by law from the patient to do so, although he never asked for the aid or consented to it being given. The plaintiff may rest his case upon an implied promise and can recover unless it is shown either that there was no intention to charge or that the credit was extended to a third person. Offering his aid does not establish the fact that he intended his services to be gratuitous."

Of course the person who calls the doctor for the emergency case

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is not liable from the mere fact that he called the doctor.

4. Another situation that arises is this: After the physician has made several visits to the patient or has completely finished the treatment, a third party, not originally responsible for the debt, verbally promises to pay it. Suppose that the mother of an adult daughter, promises orally to pay the physician after the services have been rendered; does the mother become legally liable for the debt?

Here the physician encounters another legal difficulty: Practically all states have statutes, known as the Statute of Frauds, which require the promise of one person to answer for the debt of another, to be in writing. Thus, the mother's verbal promise to pay for the services already rendered becomes void, under the Statute of Frauds, and she could not be held liable. However, if the mother had promised to pay the bill personally before the services were rendered she would have been liable, as the debt would also have been her's, as well as the patient's from the beginning.

Having discussed the various situations in which the third party does not become liable when ordering the physician, let's consider the ways in which the said third party may become liable: there are three ways:

1. When the law raises a legal obligation, as in the case of father and minor child:

2. When the third party promises to pay the bill personally *before* the services are rendered;

3. When the third party by his conduct raises an implied promise to pay.

Taking up the second classification, let's explain the paramount importance of securing the promise to pay *before* the services are rendered.

The legal effect of that is to make a direct and specific contract between the physician and the third party, namely: the

third party, in consideration of the physician performing the services to be rendered, agrees personally to pay him his fee. Under this situation the physician can absolutely collect.

Here is a case decided by the Supreme Court of Missouri, reported in 190 Southwest 357:

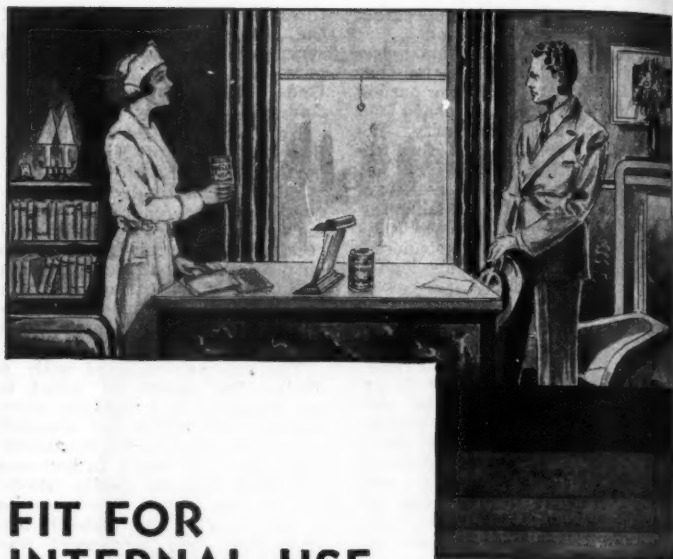
Plaintiff was called at the request of the defendant to attend his adult son. (The reader will recall that a parent is under no duty as a general rule to furnish medical services to an adult son and the mere calling of the physician would not make him liable.)

The son was afflicted with a disease, the nature of which is not stated in the supreme court opinion, for which the plaintiff refused to give special treatment until after the boy's father was consulted and *personally promised to pay for the services to be performed*. The plaintiff testified that this agreement was entered into *before* and as a condition precedent to the rendition of the services. Later the physician sued the father for his fee; the defense was the Statute of Frauds, namely, that the father had orally agreed to pay the debt of another.

Judgment was for the physician and on appeal the Missouri Supreme Court said:

"If the physician before treating defendant's adult son called defendant in and exacted a promise to pay for the services, to be rendered, the agreement was binding notwithstanding the Statute of Frauds, the debt then becoming primarily that of the father as well as the son.

"An instruction to the jury requested by defendant and refused by the trial judge, that if the plaintiff gave the boy any credit during the treatment and looked to him for payment or part payment of said services he could not recover, was properly refused, because the fact that the physician had an agreement with the defendant upon which he re-



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lied and which induced him to render the services did not release the son from liability, but made both the father and son liable."

3. It is possible for the third party by his conduct to raise an implied promise to pay and under which he will be held personally liable.

Just what the "conduct" has to be, and where the line will be drawn, is hard to say; different supreme courts say "whether the conduct is such to create implied liability must depend largely on the circumstances of the particular case," whatever that may mean in any particular case.

One of the most recent cases on this point is the Iowa case of Valentine vs. Morgan, decided in 1928. In that case, the defendant, his wife and the patient, who was no relation to the defendant, were riding in the defendant's automobile. In a crash the defendant's wife and the patient were severely injured. The plaintiff physician was called and the defendant told him to secure the best two rooms in the hospital, and later, not to let any expense stand in the way and that it did not make any difference what it cost him. The defendant also paid the nurse. The Iowa Supreme Court held this was sufficient to raise an implied promise to pay, and the defendant was held liable.

As a practical proposition, the physician who relies upon the conduct to raise an implied promise to pay on the part of the third party, is taking a great risk on ever receiving payment. It is simply a guess as to whether the judge and jury will consider the defendant's conduct sufficient to raise an implied promise to pay. As lawsuits are decidedly uncertain affairs at the best, there is good reason to be certain of one's position.

As every attorney knows, and many litigants have found out to their financial sorrow, different courts will reach opposite verdicts on the same set of facts.

Close cases can go either way as the judge or jury is free to adopt the version of either party. On appeal, the supreme court may take either a liberal interpretation of the law and decide in favor of the physician, or a technical interpretation and hold that if the physician expected to recover from the third party, he should have secured their promise to pay.

This story, like Aesop's fables, has a moral: If the case is not definitely charity, secure the promise of the third party personally to pay *before* you perform the services.



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Club Membership —does it Pay?

By John M. Gibson

NOT long ago a successful business man told me he had reached the conclusion that membership in local clubs is an unprofitable investment, and accordingly he had decided to withdraw, limiting his group activities to the associations fostered by his industry, one or two fraternal orders and the church of his faith.

He made it plain that he had no ill-feeling toward luncheon clubs and similar organizations. He based his decision to become a non-member on hard, unsentimental business. As an investment, he decided, such membership did not pay.

As a professional man, the doctor must ask *himself* seriously if club membership pays him. He must wonder if the same investment of time and money would not benefit him more if spent elsewhere.

There is, for instance, the time required. The physician is, in a real sense, "on his own;" to him time is indeed money. Every hour of the business day must be regarded as his stock in trade, and whether he spends it profitably or unprofitably determines, to a large degree, his success or failure.

Luncheon clubs meet only once a week, usually, and it would seem that the loss of time involved would be inconsequential. Yet anybody who has taken an active interest in any organization knows that the time consumed by regular meetings is usually only a small part of that demanded of a loyal member. There is committee work to do.

There are informal meetings with others of a group to plan various matters, from speeches to menus. A club member is considered legitimate game for any sort of enterprise that anybody may have in mind, whatever may be its purpose, be it worthy or unworthy, public-spirited or selfish.

It is unfortunately true that, whatever may be the high and unselfish purposes behind some members' interest in a club, others look upon such membership as a means of obtaining free advertising for their business, with the result that club meetings are not confined to brief luncheons and snappy speeches and entertainment programs, but frequently involve lengthy visits to inspect newly opened bottling plants, laundries, drug stores and other places of business that are likely to benefit from such advertising.

There is of course the answer that, if the bottler and drug store owner and laundryman can use membership for such a good purpose, why cannot the doctor turn it to his own advantage? Why cannot he use it to build up a clientele of health-seekers?

The answer to these questions, it seems to me, is that the medical profession does not lend itself to such exploitation. A politician can win votes and carry on a year-round campaign through the contacts made possible by club membership. The type of member already mentioned, the one with a factory or store to show off, can increase his profits by adding new customers.

A life insurance salesman can

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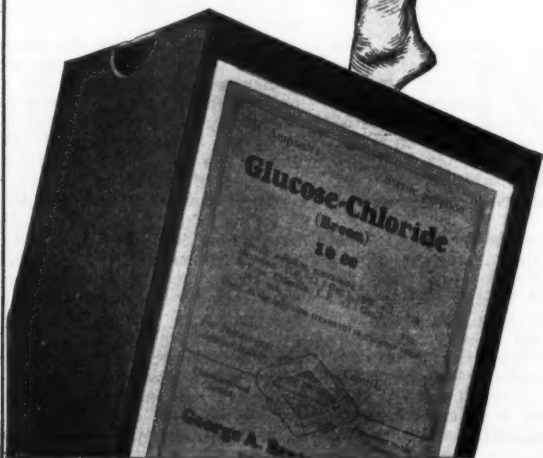
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take advantage of the opportunity to address the club on the sad plight of widows and orphans whose husbands and fathers waited too long to take out a policy. Book dealers can create more eager readers and more steady patrons of their stores by describing in interesting fashion the latest output of the country's presses. The florist can remind his fellow-members of the sweet sentiments expressed by flowers—the bought kind of course. A railroad official can point out the advantages of travel or the wisdom of shipping by train.

But there is very little opportunity for the doctor to use his membership for personal advancement.

There is the apparent advantage of indirect financial benefits due to the friendships formed at the luncheon meetings and other club activities. It would seem, at first thought, that this would be an excellent means of making those worthwhile contacts with prospective patrons which any business man would value. It is generally recognized that the ability to make friends is one of the secrets of success in any profession.

But membership in luncheon clubs is not always a good method of making desirable business friendships. The usual policy of including one or more members of every reputable business or profession makes these organizations large and unwieldy. They

often find themselves made up of a large number of small and frequently hostile groups. There is a lack of harmony and cohesion that prevents the organization from becoming a unified whole.

This is especially true in these latter days when industries, rather than individuals, are at war with each other to woo the fickle customer, when drug stores are selling sandwiches in competition with the restaurant and the newspaper gives away free gasoline with a want ad.

The tire-dealer member does not have a very kindly feeling toward the filling-station member who has recently, under the new dispensation, laid in a stock of cut-rate tires. Nor is the druggist likely to develop much real affection for the department store owner sitting at the next table who is advertising proprietary medicines at cost. Nor is the independent merchant in a mood to become chummy with the manager of the local chain store grocery who threatens to put him out of business.

Certainly the doctor, who has devoted several years of his life and invested several thousand dollars in preparing himself for his work, has no inclination to make friendly overtures to the chiropractor, even though the rules of the club force him to call him "Bill" or "Skinny" or "Red." Being obliged to make a pretense of friendship under such circumstances has a tendency to

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accentuate personal dislikes; and some of the bitterest enemies are to be found among the members of the same organization, as college fraternities and boards of directors have too often discovered.

The success of thousands of men who have declined invitations to join social clubs indicates that the most substantial and profitable business friendships are those based on natural attraction and a similarity of interests. An automobile salesman expressed himself on this point not long ago when he said that, so far as he knew, he had not sold a single car as a result of his club contacts. While he is a loyal member of one of the leading luncheon clubs, he considers his membership an investment in pleasure only, with little thought of its adding to his business success.

In practically every organization just a handful of the members assume and hold the leadership. The others, comprising roughly ninety per cent, are simply "among those present." There is very little opportunity for this inconspicuous majority to make an impression upon the membership as a whole. Frequently they sit in the same seats for meeting after meeting, commenting occasionally on the program or complaining about the food to the same fellow-member sitting near-by.

It is doubtful whether even the small minority forming the club's leaders receive any great financial benefit from their membership. Since the beginning of time leaders have found themselves conspicuous targets for criticism and unpopularity. Few orators, however polished and interesting, can talk for very long or very frequently without boring their hearers and creating an unfavorable impression.

Human nature being what it is, there is often a spirit of jealousy among the ordinary members toward those who ap-

pear to be getting more than their share of applause. All of this is not good for business.

It is generally supposed that being an effective public speaker is a distinct help in any kind of business, but this opinion is challenged by many successful men. The author of an article in *The Saturday Evening Post* sometime ago told of hearing an excellent address of a humorous nature by a person whom he had not previously considered an orator, an address that kept a large audience in hearty laughter from beginning to end. Soon afterward, he wrote, he asked the speaker why he did not appear more frequently in public and capitalize his rare gift. He quoted the orator's reply.

"I found," the latter told him, "that in my case at least oratory, especially on humorous subjects, does not pay. I am, as you know, a lawyer. When I was starting out in my profession, I was encouraged by my friends to speak on every possible occasion. I did so and was gratified at the way my humorous addresses were received. But I found, to my surprise, that instead of helping my law practice, my reputation as a speaker was hurting it. I found that people would not take me seriously. They would applaud my speeches, but whenever they had legal business to be attended to, they took it to some other lawyer, usually one who devoted his time to the law and let public speaking alone. So I decided to cut out most of my speech-making. And my law business picked up."

The effect of club membership upon non-members is also to be considered. In spite of large memberships, the clubs can include only a very small fraction of the total population of a given community. The non-members therefore form the public whose patronage determines the doctor's success or failure. These are the "outs" who frequently have a feeling of resentment against the



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"ins," based on the usually unjustified belief that the "ins" feel themselves a trifle superior to those not invited to join. A doctor must depend largely upon his personal popularity with the rank and file of the community for his success, and to be suspected, even unjustly, of harboring a superiority complex does not improve his practice.

There are of course many advantages in club membership that cannot be reduced to ledger figures and financial statements. In spite of sneers in certain quarters, these organizations are carrying on a useful work in their communities. But, regarded primarily from the business point of view, the doctor, like the business man mentioned at the beginning of this article, would do well to consider whether such membership is worth-while.



"Speaking Frankly"

Cont. from Page 65

tween the specialist and general man; it will continue to broaden, at least until we are treated better or given credit for being more intelligent.

The treatment accorded me now is worse than it was 25 years ago.

The old general practitioner is gone, the modern g.p. is here and it is our desire to get along without the specialist wherever possible. There are some specialists that treat me fine, but I am speaking of the 90% and not the 10%.

Dr. Clendening has sounded a keynote and I am for him. I wish there were more doctors like him. Eugene Wallace, M. D.

Selfish

TO THE EDITOR:
Your editorial

"That Article in Collier's" seems to have swung you around in the swivel chair.

I read Dr. Clendening's said article and it hit the nail on the

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head. Your reaction seems selfish. What have you ever said for the general practitioner, standing on your hindlegs, looking the cash register in the face? Probably about as much as the surgeon has. Have you any *constructive method* here for the general practitioner?

The specialists have 'passed out' the general practitioner these several late years—a "destructive method." Have you ever disapproved, and fronted for the general practitioner?

The F. A. C. S. surgeons have a non-fee-splitting prayer they say after each operation—not with a view of doing justice to the general practitioner or of repaying him for his work and the loss he takes in every F. A. C. S. surgical case—a "destructive method!" Have you ever said anything for the general practitioners?

Certainly if I "have got you wrong", you missed Clendening and the general practitioner.

H. N. Jennett, M. D.

Referendum TO THE EDITOR: At your request I am enclosing a copy of the results of the referendum which we have been conducting in this Seventh Councilor District concerning the two questions: Hospital Standardization and the Wisconsin Fee Splitting Law.

The Seventh Councilor District comprises seven counties, in which district there are now 115 physicians practicing. Out of that entire number 112 (all but three) returned answers to the questionnaire, either by mail vote or by personal interview. Out of the total number of phy-

sicians in this district only EIGHT have voted to retain the fee-splitting law as it now stands.

Three physicians returned the questionnaire, and marked it not voting.

Practically all of the remaining members have voted either for the repeal of the law "in toto" or for its amendment, so that the OPEN division of fees may be made legal provided the transaction is mutually agreeable between the patient and his physicians.

Thirteen members have voted, without qualification, for absolute repeal. About an equal number have voted for repeal as a first choice and for amendment as a second choice. The remainder, constituting a very large majority, voted for the amendment as a first and only choice.

Concerning hospital standardization, only four members voted unqualifiedly for hospital standardization by the American College of Surgeons. Two others voted for standardization by either the A. M. A. or A. C. S. or both. The remainder of the votes cast were for standardization of the American Medical Association through its Council on Medical Education and Hospitals—a very large majority, as all will agree.

The figures submitted need no comment or amplification. They bear out the statement which I have repeatedly made: that if these matters were referred to the members of our profession, the results would be a surprise and a revelation to many who sit in the high places of our profession.

Spencer D. Beebe, M. D.,
Sparta Clinic, Sparta, Wisc.



The Campaign that Gave Nassau a Hospital

Continued from Page 29

public health nurses and all others engaged in similar work. This publication has printed a series of articles, editorial and

news, pointing out the gravity of the hospital situation. At the same time there was started an attempt to interest the leaders

of other welfare organizations and social agencies, the newspapers, and prominent residents of the county representing the political, social, civic, fraternal and religious activities of the community.

The campaign began to bear fruit in the spring of this year, and active steps were taken to secure the approval of a bond issue to provide for the erection of a county institution having particular facilities for the care of contagious disease, venereal disease, chronic, incurable and convalescent cases and persons suspected of being insane.

Speakers were sent out to representative business men's organizations, women's clubs, and welfare organizations, asking for support and requesting that resolutions be sent to the Board of Supervisors requesting an official survey. Some fifty such communications were received, and when the Board of Supervisors was addressed by a committee of the medical society with a formal request that action be taken, there was appointed an official Commission of Survey which was charged with the responsibility of determining the hospital needs of the county and making definite recommendations looking to their correction.

This commission when appointed consisted of two members of the Board of Supervisors with the addition of the medical society's committee. It is interesting to note that although the two supervisors appointed were the only Democratic members of the Board and have between them a total of only three votes out of fourteen, the report of the commission was accepted unanimously by the Board which also voted unanimously to put on the ballot at the general election a proposition calling for a bond issue of \$1,750,000 for the purpose of erecting a county hospital of at least 200 beds.

With the proposition on the ballot, the campaign began in

earnest under the direction of a full-time executive secretary. Both major political parties were induced to pass resolutions of support and to instruct their campaign workers to help secure a favorable vote. Endorsement was secured from leaders of organized labor, from recognized leaders of Catholic, Protestant and Hebrew congregations, from the Farm and Home Bureaus and every county welfare or social agency in the county. That pretty well took the matter out of politics, made it non-sectarian and destroyed all social, economic and class lines by uniting all classes and conditions of people.

During the three weeks previous to the campaign nearly four thousand pieces of mail were sent out to every fire department, fraternal group, club, organization, and church in the county; 65,000 pieces of literature were distributed by the society and an additional 15,000 or more by the life insurance company doing the greatest amount of welfare work in the county.

The newspapers were supplied with daily news releases and gave the matter more publicity than any proposition ever submitted to the voters. Radio talks were given by the District Attorney of the County and by the executive secretary of the society. Meetings of all kinds were addressed by members of the society, about twenty-five ministers invited doctors to address their congregations, the ministers of other churches read statements from their pulpits, campaign orators urged voters to support the movement, and committee women made house to house canvasses seeking votes for the proposition.

With such a determined effort and so comprehensive a scheme, the result was inevitable and the proposition was carried by a vote of 7½ to 1!

And so this small group of wide awake doctors have added another notable achievement to their enviable record. have forged

another link in the chain which ties them up with the civic affairs of the county—and added another bar to the fence they are erecting against the encroachment of lay interference in medical matters and the establishment of "state medicine."

No group of medical men who have so ably demonstrated their ability to assume leadership and so worthily proven their willingness to exert that leadership in the best interests of the people, need worry about enforced subordination to any group or faction whose program or whose ideals run counter to their own.



The Doctor and His Investments

Continued from Page 27

the \$25,000 in cash which is properly invested at this time. As a matter of fact, if the holder himself feels that his present holdings are not properly suited to his needs, he is probably right, and the chances of adding to and preserving the \$25,000 are better if he does something about it. At any rate, it is a matter that is worth considering and discussing with a competent investment house."

Holders of equity securities take a risk as to whether prosperity will return. Precedence indicates that it will, in time; but of course that conclusion is only based on inference. Even if general prosperity returns within the next year or two, many weaker concerns will be crowded out in the meantime. To some extent the strongest and best managed companies will gain relatively over their competitors. Accordingly, those who switch from the securities of weak companies to those of strong companies reduce their risks, assuming only the hazard of a return of business prosperity and elimi-

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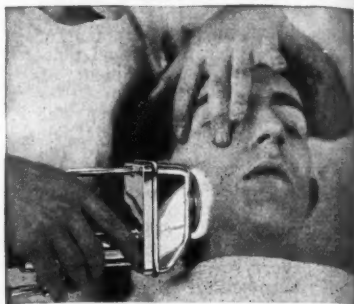
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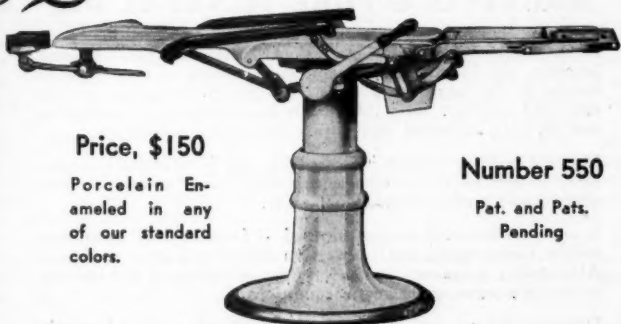
It is good investment policy to have an annual financial health examination. The need for it is especially acute this year. Other things being equal, it is best to conclude, after examining one's portfolio, to stand pat. Needless shifting of securities should be avoided, for such a program tends only to enrich the broker who gets commissions for purchases and sales. Other things being equal, it is best for the investor to keep what he has, for in so doing he obviates the trouble of reporting profits or losses to the government for income tax purposes, and saves brokerage commissions and transfer taxes. The objective of the periodical financial health examination is to detect, as early as possible, any impairment in investment values, and to switch out of deteriorating issues while there is yet time.

Once a year at least the investor should challenge the right of every security to remain in his safe deposit box. In the case of bonds, for example, the investor should inquire through his bank or other financial advisor how many times the borrower is earning interest requirements, and whether the trend of earnings is upward or downward. If the trend of earnings is downward, the investor should inquire as to whether it is merely a reflection of general depression in the trade, or whether there is some special weakness in that particular company. If in times of general depression a company keeps its relative place in the industry, it is doing satisfactorily. Government bonds, of course, are not dependent upon earning power, but on the general tax power of sovereign states. Therefore, it is not necessary to make quite as minute a study of government issues, especially if original commitments are made

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only in bonds of a high grade. As a rough guide the investor should ascertain whether his bonds are doing as well market-wise as that general class of security.

A similar criterion should be applied in inventorying preferred stocks, which like bonds, should assure safety of principal and regularity of income. Unless the dividend is earned by a substantial margin, the holder is indulging in a one-sided speculation. His potential loss is unlimited, except by the amount of his investment, whereas his profit is definitely circumscribed by the stipulated dividend rate.

In evaluating common stock investments, the investor of course, realizes that his possible profit is unlimited by any form of stipulation, inasmuch as the residual profits amassed by a company after meeting prior obligations accrue to the benefit of holders of common stock.

The common stock holder should watch for annual financial reports and interim statements of earnings, and should focus his attention on whether earning power has been going backward or forward. In time of depression he should seek to find out whether his company has been doing as well as the average in this industry, or not. In the first nine months of 1930, though 640 companies showed a decline of 24.42 per cent in profits over the corresponding period of 1929, 120 especially favored corporations actually reported gains in net income for the first nine months of 1930, as compared with the same period of 1929.

The common stock investor should, in periods of business adjustment, scrutinize the success

his company has had in adjusting itself to new conditions, such as reducing operating expenses and controlling inventories.

In times of trouble, the best managed companies improve their relative status through superior leadership and also because they have the reserve for acquiring weak competitors on advantageous terms.

The investor, in formulating a policy at this time, should regard his surplus wealth as a fluid investment fund which has a present liquidating value; he should keep his mind free of the superstition that he must keep what he has, irrespective of altered fundamental conditions. The problem of the efficient investor is not whether his holdings show a profit or a loss over the original purchase price, but whether his funds, here and now, are invested to the best possible advantage with due regard to the peculiar requirements of the individual and also to current economic changes.

If the investor sees occasion for reorienting his investment viewpoint, he will find it especially significant this year when market conditions give him an opportunity to buy outstanding industrial, railroad and public utility shares at a distinctly lower price earnings ratio, on a cheaper basis in terms of assets and dividend yield, than has been the case for several years.

The annual financial audit should also include a re-examination by the investor of his own objectives and life financial goal, when he balances his books to decide whether he has made any progress toward achieving his ultimate financial independence.

(Turn the Page)

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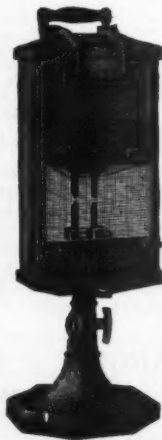
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41 Years Making Quality Products

He should not think of himself as a trader in securities, but as the builder of an estate in which other raw materials besides securities are needed to carry out his plan. He should include life, non-cancellable accident and health insurance, annuities, property insurance and a savings account.

In buying securities, the investor should guard himself against the hazards of undue bargain hunting, which might tend to give his portfolio an unbalanced, lop-sided character. As a hedge against the uncertainties of the future, the investor should adhere to a balanced program, including short and long term bonds, preferred stocks, and high grade common shares. Even though the more venturesome will be tempted to alter the proportion of the different ingredients according to changes in the business cycle, the conservative investor will still adhere to the principles of a balanced diet.

Besides inventorying his security holdings, the investor should also re-examine his family budget and lay out a tentative investment schedule for the year 1931. Though he need not select his actual security purchases in advance, he ought to have a general idea of how much he will save and what his more general policy will be in regard to investments. Emphasis must be placed not only on the business outlook but also on the present status of the individual investor's portfolio.

Ups and Downs

*-a monthly review by the
financial editor*

The necessity of widespread public charities to take care of the unemployed this winter is, of course, a scathing indictment against our economic system, which has temporarily relegated numerous would-be workers to semi-pauperism. Apart from

emergency relief measures, it behooves our economic leaders to study the problem of stabilizing business. This will call for a program of coordination and co-operation in place of the anarchic business which has hitherto prevailed. The country is now paying the price of competition run riot.

* * *

Richard Whitney, president of the New York Stock Exchange, recently remarked to me that the real turn upward in the market is waiting for indications that business has fundamentally improved. In other words, he shares in the belief that business improvement will precede, rather than follow, a change of course in the stock market.

* * *

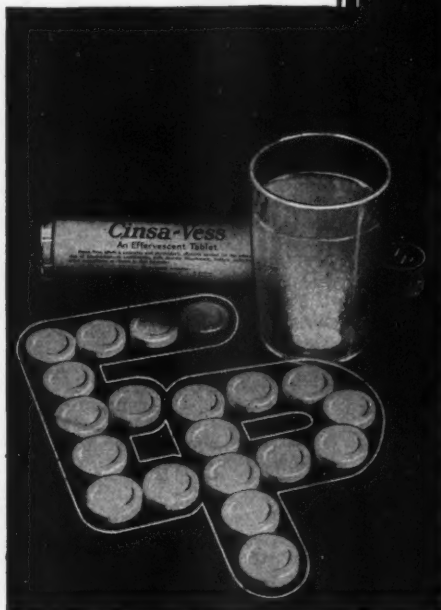
The government, in seeking to bolster up farm prices, attacked the economic problem from the wrong end. It has sought to aid the producer, at least the producer of agricultural products. Help for the consumer is more to the point. In explaining this viewpoint, Julian Goldman, head of a retail chain which bears his name, recently told me: "I would strongly urge a national 'buy now' movement, with every family pledged to purchase \$100 worth of goods, forthwith, this goods to be the kind of merchandise that they would not have purchased. All the commodities that have been bought on the installment plan during the period of 1921 to 1929, have in the main been paid for, because during the past year, the public has been meeting its obligations and making very few new purchases.

"This is not a situation where bankers, alone, can help, or where hoarded savings can be of benefit, except insofar as they can finance the buying power of the consumer, and he realizes that it is within his scope to improve conditions, make secure for himself, his own employment and simultaneously provide work for the unemployed.

"The reservoir that should be

A New Way

to Make the Treatment More Effective and More Palatable



Effervescent Products, Inc., now offers the medical profession greater effectiveness and greater palatability of standard preparations.

Attention is particularly directed to Cinsa-Vess, because at this season of the year the recurrent group of rheumatic and arthritic sufferers demand medication that will not only give tangible relief, but will be so palatable as to offer ready acceptance by the patient.

Cinsa-Vess is a combination of cinchophen, 5 gr., sodium salicylate, 8 gr., colchicine, 1-200 gr., soda bicarb. 33 gr., citric acid, 21 gr. It is exhibited in the form of an effervescent tablet which, when dropped in a glass of water, dissolves rapidly, forming a clear, sparkling and very palatable solution. Because of the effervescent medium, the medicaments are rapidly absorbed and the alkaline character of the medium relieves the associated acidosis.

Demonstrate for yourself the quicker response and more ready acceptance. Use coupon for a tube of Cinsa-Vess.

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Elkhart, Indiana

Other effervescent products manufactured by us are:
Aspir-Vess, which contains 5 grains of aspirin in an effervescent alkaline medium.
Bromo-Vess, which contains potassium, sodium and ammonium bromides in an effervescent alkaline medium.

CINSA-VESS

Please send me a tube of Cinsa-Vess ☐ for trial in my practice
Bromo-Vess ☐
(please check product desired) Dept. M E. 1

Name
Address

tapped at this time is the buying power of the consumer, which can do more than any other force to start the wheels of industry, and as the goods bought by the consumers need annual replenishment, no damage is done."

With cereal prices the lowest thus far in this century, there is increasing interest in the activities of pioneering industrial farmers who are using power and labor saving machinery to get down production costs. Charles M. Sledd, head of a wheat farming company bearing his name which has been in operation in Kansas for five years, recently told me: "Production costs have been cut to a point where we have actually delivered the finest grade of Kansas hard wheat to the elevators at a cost of less than 25c a bushel."

The demoralizing character of the stock market was disclosed recently in a study which I have made. I have compared the market fate of all stocks listed on the New York Stock Exchange since the bull market peak with the behavior of a favored group of forty listed corporations which bucked the trend of corporate profits and reported larger earnings for the first nine months of 1930 than for the corresponding period of 1929. It would be natural to expect that these favored stocks had done better marketwise than shares of companies suffering a sharp contraction of earning power. If the 1929 summit is regarded as 100, the Stock Exchange index to all listed stocks at its 1930 low, which was attained last autumn, fell to 62, a decline of 38 points. Meantime the stocks of forty corporations which showed a forward trend of earnings at their 1930 low levels revealed a larger decline from their 1929 summit than the general array of stocks. If their 1929 average peak is taken as 100, their composite low was 52, a decline of 48 points.

—"decidedly more palatable than the ordinary Carlsbad powder"—says the

BRITISH MEDICAL JOURNAL

of

KUTNOW'S Effervescent POWDER

A mild laxative which aids in removing waste material from the intestines. For temporary constipation, headache, biliousness and flatulence due to this condition.

KUTNOW'S POWDER, although pleasant to the taste and delightfully refreshing, CONTAINS NO SUGAR. Those who prefer an acid flavor can obtain it by the addition of a few drops of lemon. This will in no wise alter the beneficial effects of the powder.

May we send you a physicians trial bottle gratis? Please use the coupon below.

Also makers of Kutnow's Anti-Asthmatic Powder and Anti-Asthmatic Cigarettes.

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M.E. 1

Send me gratis, physician's sample of Kutnow's Effervescent Powder and literature.

Dr.

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in concentrated milk formulae, called for in the feeding of infants who can take only small volumes at a feeding but who have high caloric and protein requirements.

THE caloric and protein content of a feeding **WHEN DRYCO IS USED** may be doubled without rendering the milk indigestible—one of the greatest attributes of powdered milk. When you prescribe DRYCO you can easily regulate the quantity of water to be ingested for a given amount of nutritive elements: proteins, fats and carbohydrates. *Dryco is capable of any modification—use it in your next difficult feeding case.*

Send for samples and literature.

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THE DRY MILK COMPANY, INC.

205 East 42nd Street

New York, N. Y.

DRYCO

PRESCRIBE DRYCO — The Safe Milk

35 or 16 mm . . . ?

Continued from Page 25

about twenty years, was requested to photograph an operation. His film was beautifully exposed and developed, but it had to be discarded for two reasons. It was an ordinary stock film, and was taken from a spectacular point of view. The surgeon who wanted the film made said afterwards that it had been almost impossible to convey to the mind of the photographer the important points he wished to bring out. The cameraman only saw major action, whereas the minor action was the most important part.

It is only when the above faults are overcome that good pictures in medicine will be made. The cameraman must not only be a photographer, but must have a fair working knowledge of his medical subject as well. Not just anyone with a movie camera can make perfected pictures.

A few comparisons between the sixteen millimeter and thirty-five millimeter film, camera and projectors may be in point. The sixteen millimeter film costs \$6.00 for one hundred feet of panchromatic stock. This is a cost of six cents per foot. This means, of course, that the film is developed without additional cost. Yet it stands to reason that if the film is of major value the physician would rather have a negative because from the negative he can have prints at any time. If he has only a positive made, it is not likely that he will want duplicates until that positive is worn from many projections; then he has only an old scratched positive from which to make duplicates.

Sixteen millimeter negative stock costs \$7.50 per one-hundred feet, developed, seven and one-half cents per foot. A price of five cents per foot to print a positive from this negative is usually charged, making the

finished first positive cost twelve and one-half cents per foot.

Now let us compare that price with standard film. At the present there is an unlimited supply of panchromatic standard film on the market for two and one-half cents per foot. This supply, I am told, will not likely run out. It is film left in the magazine at sound studios where one thousand foot magazines are used.

So far we have had no trouble with this negative stock. The commercial laboratory at Baltimore charges one cent per foot for developing this negative and three cents per foot for printing it. This makes a total cost of six and one-half cents per foot for the first positive.

Now four hundred feet of sixteen millimeter film is equal to one thousand feet of thirty-five millimeter film. One foot of sixteen millimeter film equals two and one-half feet of thirty-five millimeter film. One second running time of sixteen millimeter film costs five cents; one second of thirty-five millimeter film costs six and one-half cents; a difference of one and one-half cents. Non-inflammable thirty-five millimeter film costs one cent more, making it two and one-half cents more for thirty-five millimeter film for one second running time.

At the University of Maryland we develop and print our own film, paying two and one-half cents per foot for negative and one cent per foot for positive. So, in reality, it costs us less to make thirty-five millimeter film than it would to make sixteen millimeter film and have it developed and printed elsewhere. We would certainly want negatives on everything we take.

Now let us compare cameras. Few sixteen millimeter cameras focus directly on the film or on a ground glass or piece of film. Persons making any number of

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Need a
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Drink,
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A drink with a distinctive flavor and satisfying.

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Try OVALTINE, yourself. This coupon will bring a regular size can to your home address. After your next hard day, take a drink of hot OVALTINE before retiring.

Perhaps someone in your family needs it.

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Please send me a regular size package of Ovaltine, for my personal use—without charge.

Dr.

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State

medical films, including titles, animated work, cinemicrographs, and cinematography of exceptionally small objects, such as early embryos, know that this refinement is practically invaluable. Another refinement in a camera that is essential is the stop motion or trick crank.

Yet, excluding these practically essential mechanisms, and supposing that we adhere to straight photography, such as surgery and the photographing of patients, showing outward evidences of brain conditions, such as locomotor ataxia, etc., the small camera does not stand the comparison.

Recently, I worked with a standard camera beside a physician using a sixteen millimeter camera, on an operation of a perineal prostatectomy. Both of us used the same lighting equipment and panchromatic film. The operation was done in the morning. That afternoon my film was developed, titled, and ready to screen. After a little over a week of waiting, the sixteen millimeter film was developed and returned. Both the sixteen and the thirty-five millimeter films had been well exposed. They were projected at the same time; the projectors side by side, with a wide angle lens on the sixteen millimeter projector to make both pictures the same size on the screen. The sixteen millimeter film was projected only that one time. It could not stand the comparison.

Since that time the physician has given up making medical pictures with his sixteen millimeter camera. He uses it only for photographing his wife and children and during his travels.

Such a comparison was made in our laboratory five years ago for the first time. The above case was the second. In the first case, the same thing happened. The off standard camera was discarded. Maybe in years to come it can be used to some avail for serious work, but at the present time its value is doubtful.

Doctor Daniel Borden, Professor of Surgery at George Washington University, has been particularly interested in making medical films. For a year or so he used a sixteen millimeter camera. He had to throw away twenty feet to every one foot of film he could use as a final projection. Recently Dr. Borden was the operator in the films made by Eastman Kodak Company on "Inguinal Hernia" for the College of Physicians and Surgeons. This film was made with a standard camera; sixteen millimeter prints can be obtained from the thirty-five millimeter negative.

The film made by the Petrolagar Company, that Mr. Mitchell wrote about, was projected in our School of Medicine and before our School of Nursing. It was also projected in the School of Hygiene at Johns Hopkins University.

Without a doubt it is a subject

ANEMIA

of the Pernicious type and Tropical Sprue are very favorably affected by

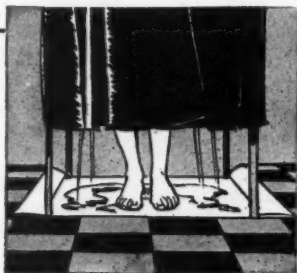
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Here, then, is a specific of unusual value which already has served well in the present campaign against this widespread infection. It must be remembered, too, that few patients

guard against re-infection. This is a good reason for constant use of Absorbine Jr. as a

preventive in addition to its use as a corrective.

If you have not had experience with Absorbine Jr., a sample will be sent on request, with our compliments, if you send the coupon. At all druggists—\$1.25 per bottle. W. F. Young, Inc., Springfield, Mass.

A FAMOUS LABORATORY SAYS:

"Absorbine Jr., in our tests, completely inhibited growth of the ringworm organism . . . and is harmless to tissues."

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FOR YEARS HAS RELIEVED
SORE MUSCLES, MUSCULAR
ACHES, BRUISES, BURNS,
CUTS, SPRAINS, ABRASIONS



W. F. Young, Inc., 207 Lyman St.
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Gentlemen: Kindly send me a sample of
Absorbine Jr. without obligation

Dr.

Address.

January, 1931

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of major importance; a piece of masterly research work. Dr. Kellogg, the producer, is indeed to be congratulated, but sad to relate, it was made originally on sixteen millimeter film. The little projector buzzed away trying to tell a story to about two hundred and fifty people at each showing.

It couldn't be done. We strained our eyes at first but the projection power was not there. At last we gave up and tried to make ourselves comfortable until the end, until we could leave and say—yes, medical motion pictures are all right, those we are able to see.

If we only had the time to divide that group of students up

so that ten or twenty might see that picture at a showing, much might have been learned, but as it was we saw only a lot of dark shadows moving about the screen. It was tantalizing to try to grasp what the picture was all about.

Just such projections as the one mentioned above will do more harm than good when it comes to convincing the medical profession of the value of motion pictures as a teaching medium.

At a later date the same picture was projected before a group of five people. The projector was close enough to the screen for the film really to tell its story. It was then that the value of

Making a motion picture of uterine contractions in a monkey, at the Carnegie Institute of Gynecology.



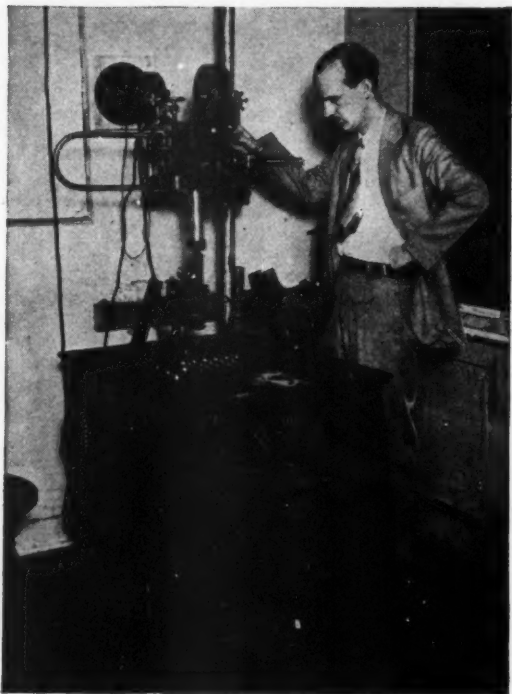
Dr. Kellogg's picture could be realized. A beautiful painting by Rembrandt would have no charm in a photographic dark room with the lights off.

The sixteen millimeter film and equipment has its place, but not in medicine. Physicians can be convinced only by good work. Continuous poor work will eventually lead to discarding motion pictures in medical use.

Talking medical motion pictures are now getting a foothold. Dr. DeLee's Obstetrical Sound Motion Pictures (Movietone) have been received with thunderous applause by the medical profession. Why tear down, by the poor work, the good work that is being done?

When the physician ceases being his own cameraman, the sixteen millimeter film will be discarded as a medium for medical teaching. Photography is a subject within itself. Are we all Lenardo Da Vincis, able to master several professions? No! The answer is "The camera for the cameraman, medicine for the medicus." One cannot proficiently do the work of both.

The use of cinematography in medicine has a future. Sound motion pictures will have a broad use in teaching medicine. There will have to be many refinements in sixteen millimeter equipment before it can be successfully used. Those refinements are already to be had in standard equipment.



Apparatus invented by the author for making cinemicrographs. (Photographs courtesy of the author).

Re-decorating in Modern Style

Continued from Page 16

squarely-built low seats, on which we placed springs and cushions.

The color scheme was tan, orange and brown. We painted the ceiling a cream tan as far down as the molding, which we modernized; instead of the cornice effect we took thin strips of wood and continued them around from the line at the top of the window bookcases.

The wall space was then divided into four equal parts, the top strip being painted a darker shade of tan, the second a light brown, the third a darker brown, and the bottom strip the darkest brown we could obtain without making it appear "chocolatey."

The molding line, the davenport, and the window bookcases were all painted the same light shade of cream as the ceiling. However, the insides of the bookcases struck the color note of the room, being painted a light orange against which the various pieces of pottery, the books, and other bric-a-brac looked very effective. We chose orange because the doctor-owner of this room had recently been the recipient of three modern paintings in which the dominant note was this color. These were placed on the walls as you see them—the larger one alone, and the two smaller ones grouped.

Here we used monks cloth for the covering of the cushions of the davenports, this time dyed to match the light brown strip on the walls.

Both of these rooms were decorated at a minimum cost to the doctor, and both can be re-arranged and varied to suit your office and particular needs. Naturally the lighting, room size, and floor and wall plans all affect the decoration of any suite, but all may be adapted to the simple type of modernism shown and described here.

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CYSTOGEN has long been used by exacting urologists of long experience.

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Write for samples and literature.

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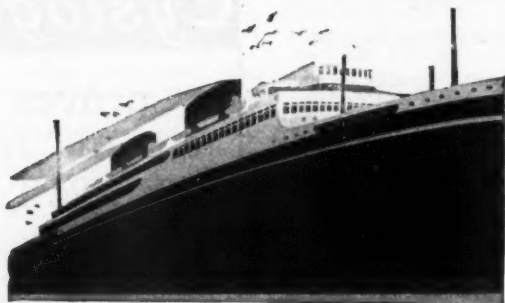
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WEST INDIES CRUISES

FOR many this has been a year of worry, nervous tension, anxiety. Such people would find welcome respite from care in the short voyages to the West Indies which *Red Star* and *White Star Lines* are offering this Winter.

The *Red Star* liner *Lapland*, the ship with the club-like atmosphere, will make three cruise voyages from New York—February 18, 19 days; March 11, 12 days; March 25, 14 days. The great new

White Star motor liner *Britannic* will make two cruises in cooperation with Thos. Cook & Son—February 25 and March 14.

Itineraries include Port au Prince, Kingston, Colon, Havana, Nassau, Bermuda and Vera Cruz. Rates are \$123.50 up.

Have you patients who need this kind of tonic? Wouldn't you enjoy just such a trip yourself? Complete information on request.

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Norway: A booklet Scandinavian in atmosphere, beautifully illustrated and full of information. From: The Norwegian Government Railways, 342 Madison Avenue, New York City.

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The Ocean Ferry: For a copy of this fascinating little travel magazine write to the International Mercantile Marine Co., 1 Broadway, New York City. It is just the thing for your reception-room table.

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Visitors' Map: Physicians contemplating a trip to New York City will want copies of this map which also includes a directory of hotels, with rates. For a copy write: The Hotel Association of New York City, 221 West 57th St., New York City.

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A Pictorial Trip to Bermuda: This luxurious booklet contains 35 pictures in colors, and is worth

sending for, whether you are going to Bermuda or not. Write: The Furness Bermuda Line, 34 Whitehall St., New York City.

* * *

Vacation Tours to Europe: This booklet presents, in compact itinerary form, 25 or so tours, to suit all tastes, for the season of 1931. Write: The Lifsey Travel Service, 527 Fifth Avenue, New York City.

* * *

Vulcania Cruises: A small but attractive folder presenting some forthcoming cruises to the West Indies and Mediterranean region. Write: Cosulich Line, 17 Battery Place, New York City.

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10 West Indies Cruises: The tours described in this folder are for the first four months of 1931, and the itineraries are decidedly attractive. Write: Cunard Line, 25 Broadway, New York City.

(Turn the page)

Babies and their elders too



Samples,
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Price is right —
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\$1.00 for 100 wa-
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enjoy taking your Cod Liver
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These candy-like wafers are good
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January, 1931

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The Airway: This is almost a book on aviation, and discusses the history of aerial transport, aircraft maintenance, and modern air travel in general. A copy can be obtained by writing the Imperial Airways Limited, 578 Madison Avenue, New York City.

* * *

South America: Sailing schedule and rates between New York, Bermuda, and the South America east coast are contained in a new folder offered by the Munson Steamship Line, 67 Wall Street, New York City.

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A Vacation Trip to the Jewel Box of the Southern Hemisphere: This folder describes two all-inclusive tours through the Panama Canal to Lima, either tour including complete maintenance afloat and ashore and sightseeing trips in Panama and Lima. For your copy write: Grace Line, 10 Hanover Square, New York City.

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**Well Tolerated,
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Norway

THE LAND OF THE MIDNIGHT SUN

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The Norforms (Vagiforms) formula is a convenient, yet effective and non-irritating suppository, indicated for leucorrhea, vaginitis, endocervicitis, and as a general medium for sustained vaginal prophylaxis, in place of the more transient douche. Many physicians recommend Norforms where patients find older methods of feminine hygiene onerous, unpleasant or dangerous.

Norforms—or Vagiforms—they are one and the same and identified as such on each of the new packages—are on sale at most druggists. We will, however, be very happy to send samples to any physician, together with a complete statement of their advantages and method of use. Use the requisition blank below.

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Send sample boxes of Norforms without
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* * *

Samples of SMA: A leaflet showing a comparative analysis of SMA and breast milk, with samples of the product, is offered by The Laboratory Products Company, Cleveland, Ohio.

* * *

Foxglove Farm: This compact little booklet presents some new thoughts on Digitalis action and dosage, and includes a list of Digitalis preparations. Copies are offered by the Upsher-Smith Company, Sexton Bldg., Minneapolis, Minn.

* * *

Richards Psyllium Seed: Descriptive literature and a full-sized, 12 oz. package of Richards Psyllium Seed are offered physicians gratis by the Richards Pharmacal Co., Dept. M. E., 135 Water St., New York City.

* * *

Matex: An illustrated folder describing a new development in surgeon's gloves, (with chart showing comparative tests of tensile strength) is offered by the Massillon Rubber Co., Dept. M. E., Massillon, Ohio.

Para-Nasal Sinusitis: A reprint of a discussion of the prevalence, symptomatology and treatment of Para-Nasal Sinusitis, originally published in the Eye, Ear, Nose and Throat Monthly, is offered by Nichols Nasal Syphon, 159 E. 34th St., New York City.

* * *

Therapeutic Time Savers: This booklet presents a large amount of therapeutic data in convenient form for filing. The booklet lists the products of the Laboratoire de Pharmacologie, Inc., 92 Beekman Street, New York City, and can be obtained by writing that company.

* * *

High Blood Pressure: A new and highly interesting booklet discussing the diagnostic importance and efficient treatment of high-blood pressure has been published by the Drug Products Co., Inc., 26-01 Skillman Avenue, Long Island City, N. Y. Samples of Pulvoids Natrico are also offered gratis.

* * *

Yeast Therapy: A recently published booklet reporting the food value, therapeutic value, manufacture, physiology, and chemistry of yeast. The booklet is well illustrated, and contains a complete bibliography. Write: Standard Brands, Incorporated, 595 Madison Avenue, New York City.

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ALUCOL

(COLLOIDAL HYDROXIDE OF ALUMINUM)

Alucol is a colloidal aluminum hydroxide—non-toxic and non-irritating.

Use coupon below

THE WANDER COMPANY
180 North Michigan Avenue,
Chicago, Ill. Dept. M.E. 1

Please send me, without obligation, a container of ALUCOL for clinical test, and brochure on "The New Colloidal Antacid."

Dr. _____

Address _____

City _____

State _____



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“AS he thinketh in his heart” Continued from Page 19

ing—a definite sensation—that the doctor was not firm in his attitude with respect to his charge, and consequently destabilized his collection. In all probability, some of the feeling which came to me likewise reached the patient; and the latter, sensing the tottering mental attitude of his medical practitioner, developed the thought that there might be some doubt as to the propriety of the fee charged, a thought which grew after leaving the presence of the physician or after having talked the subject over with the family at dinner that evening.

Many are decent enough in their dealings with us to appreciate that we are not selling nails or automobiles, that our wares are of a tenuous nature, but none the less highly, essentially important. But this sort of patient does not constitute our problem.

We are informed that the mental age of the average inhabitant of these United States is fourteen years. With this thought in mind, why should we hesitate to make our charges with decision and firmness? Why not consistently deal with our patients as if they were, with rare exceptions, but fourteen years of age?

It is always irritating to see a physician weaken and slide back

in his charges. If the bill for Mrs. Jones is made out for \$25 at the conclusion of the medical attention furnished, let it stand at that. To reduce it is to acknowledge that the charge had something wrong with it at the start. If one wishes to confer a favor upon Mrs. Jones because she is poor or for any adequate reason, make the bill for the proper amount at the beginning, or allow a prolongation of the period of payment. But it is weak, and cheapens us, when we step down in the principal sum. Personally, it seems wiser to lose an unpaid balance rather than to cut the total fee as once fixed.

Your grocer charges for your commestibles what he believes to be a fair sum, and he sticks to his price. Furthermore, think how little his grocery education has cost him compared with our highly expensive training. Our service is every whit as valuable and important as the food furnished by the grocer. There is merely a physical difference.

Moreover, there is no occasion for the assumption of an apologetic air in making our charge, or for tendering an unsolicited explanation. Both of these steps weaken our standing with our client. We have made so many calls at so much a call—that's that—and the charge will be so

FITCHMUL

has the endorsement of Physicians from
Coast to Coast—

It's efficacy as

**A BRONCHIAL SEDATIVE
EXPECTORANT—VEHICLE**

has been tried and tested over a half century. The
FITCHMUL Formula is prima-facie evidence.

Canadian Fir Balsam, Venice Turpentine, Irish Moss, Chloric Ether, Hydrocyanic Acid (minute quantity), Tartar Emetic Aromatica.



FITCHMUL

We will be delighted to send you a bottle of FITCHMUL; and our Book, FITCHMUL Facts. May we do so?

A. PERLEY FITCH CO.
Concord, N. H.

On putting "follow through" into your advice

WHEN YOU tell a patient "cod-liver oil," you expect him to "follow through." You expect him to *take* it—and keep on taking it.

The patient intends to, of course. He promptly buys cod-liver oil. Then he tries it. "Ugh"—trouble! He doesn't like the taste. Soon he starts skipping doses. Before long the bottle is completely forgotten.

But that's not the case with Scott's Emulsion. For Scott's Emulsion is made of purest, Norwegian cod-liver oil—but in an *emulsified* form that makes it more palatable and more easily digested. Youngsters as well as grown-ups like it. They take it. They keep on taking it. They "follow through" on your advice.

Remember, too—Scott's Emulsion contains calcium salts in addition to the two important cod-liver oil vitamins, A and D. An advantage you'll appreciate. The next time you advise cod-liver oil, suggest Scott's Emulsion.

Professional samples gratis!
Write on professional stationery to
Scott & Bowne, Bloomfield, N. J.

SCOTT'S EMULSION
OF
VITAMIN - RICH **COD-LIVER OIL**

Pleasanter to take—Easier to digest

much, and it's jolly well worth it. It follows that we must have in mind a list of our own standard fees—based upon what we ourselves feel our services to be worth (Medical society fee bills have no appeal to me—the services of each of us vary in their true worth). And keep them high enough. Cheap John tactics rarely pay. The public accepts us at our own appraisal.

In the matter of charges for surgery, particularly major work, it is well to have a clear understanding before the surgery is performed, if possible to do so. The sum to be charged may be written in your record in the presence of the client. The amount becomes known and is not subject to later dispute. The fact that an unfavorable outcome may attend the work does not, in my opinion, lessen the client's obligation. No physician can guarantee his results—the human factor enters mysteriously and decides our result, be our work as humanly perfect as is possible. It is well to fortify ourselves by informing the client that the human equation is ever present, and be our work ever so good there is no assurance of success.

* * *

It is my personal practice to mail statements to those owing me on the first of each month, even though some of the charges incurred may have been for visits made on the last day of the month. On the bottom of the

form used is a legend to the effect that statements are rendered on the first day of each month. The client reading that knows that although he may have been in my office the day before, I am merely following my standard custom. He is not offended. Furthermore, when we make a fixed rule of this billing it becomes known and helps to maintain us solidly in a business-like position as to getting our fees.

These statements for amounts due go out peacefully for three months, after which I usually write, with pen and ink, on the cards, little polite requests with a personal slant, to the effect that I would appreciate payment of the account. This task is not great, because there are not many bills of this type. At the end of a second period of three months—the account unpaid, in part or whole—I send out a statement with the following datum: "This is the final statement to be rendered." The recipient doesn't quite understand what this means—perhaps he's going to be sued—but the interpretation is left for him to make. Often it is quite effective. If all the foregoing does not effect the collection, I give the bill to my collector. He goes after the client personally.

* * *

At this juncture, the matter of getting your fee has assumed a different aspect. So long as the intentionally delinquent client

ANGIER'S EMULSION

is a most desirable remedy to prescribe for

HEAVY COLDS—GRIPPE—BRONCHITIS

Angier's is not a depressant but is naturally soothing. It loosens the secretions, promotes expectoration, relieves congestion and eases respiration. Stasis, constipation and resulting toxemia are controlled by means of the emulsified oil in the Emulsion.

Trial bottle free to physicians

ANGIER CHEMICAL COMPANY,

Boston 34, Mass.

"I thought so ..FRACTURE!"

X-Ray is the one positive means of fracture diagnosis; not only determining presence but character. After reduction, X-Ray shows whether proper alignment has been effected. During the period of repair, examination by X-Ray determines if progress is satisfactory and if proper alignment is being maintained. An accidental displacement or improper union is clearly revealed while there is yet time to correct it.

Obviously, fracture is merely one of many conditions met with in every-day practice, in which X-Ray diagnosis is helpful. As an article in "Modern Surgery" points out: *"In countless instances roentgen examination is invaluable to the physician, and no physician today who is not using roentgen examinations in his practice in a large percentage of patients is doing himself justice."*

For routine diagnosis by the general practitioner, Westinghouse has developed a special X-Ray unit, the new No. 6. It consists of a counter-balanced radiographic and fluoroscopic



tilt table with built-in transformer so arranged that the usual overhead aerial is eliminated.

All the care and precision in design, manufacture and inspection that the Westinghouse name stands for has gone into the production of this new unit. Furthermore, due to the economies incident to manufacturing it in large numbers, the cost of this new No. 6 unit is exceptionally low, making your investment trifling in comparison to the benefits you will derive from its use.

Westinghouse X-Ray



WESTINGHOUSE X-RAY CO., Inc.
Dept. B-1, Long Island City, N. Y., U. S. A.

☐ Send me bulletin on your No. 6 Unit.

☐ Have your representative give me full details including budget purchase plan.

.....M. D.

Office

City

State



remains such he is a potential knocker, nothing else. You, however, may disregard his opinion of you. You're right and have nothing to fear. If the patient is without financial backing, it becomes a case of getting what you may—and the collector well earns his fee. If he should have means, I do not hesitate to direct my collector to bring suit. My own practice is almost exclusively city work, although I have done my years of country practice and understand its peculiarities; consequently the justice court, for trifling expense, collects bills of not to exceed fifty dollars.

Assuredly, no physician enjoys bringing suit; but anybody else would sue us, without any foolish, sentimental hesitancy were we to make similar refusal to pay our bills. We enjoy no immunity on that score.

The important thing which we must not allow is to permit our debtor to get out of hand. If we do so, he becomes very difficult to set straight. Quickly he is spoiled, and feels neither gratitude toward us nor fear of us. In fact, he loses respect for us, after which we are of very little use to him as a physician, for he will thereafter discount everything we do or say. We become *person non grata*.

When a patient becomes such an outlaw, so to speak, we need have no hesitancy in going after him, roughshod; he has ceased to have value as a part of our clientele, and is deliberately trying to cheat us. Obviously, those in real distress do not conduct themselves in this manner. They are frank with us and receive every consideration.

The attitude of "Oh, I can't be bothered to sue him" makes the practice of our profession just that much more difficult for all of us. We do not work alone. There is already far too much dissociation in our profession.

* * *

After you have finished an office call, for example, do not

MICAJAH'S WAFERS

Act Efficiently

in irritative and inflammatory conditions of the genito-urinary tract.

Leucorrhoea, hypersecretion, relaxation of tissue, soreness and sensitiveness, respond to the astringent, decongestive, tissue toning and soothing action of these easily used wafers. They are more convenient to use than the fountain syringe or vaginal douche and more effective, because the medicaments are brought and held in close contact with the affected parts, thus assuring prolonged and thorough action and effect.

MICAJAH'S

SUPPOSITORIES

also meet all indications, shrink pile tissue, stop bleeding, soothe soreness and pain, do not wear out in effect.

Samples and literature on request

MICAJAH AND CO.
194 Conewango Avenue
Warren, Penna.

EFEDRON

(Hart Nasal Jelly)

for COLDS

Exhibiting ephedrine hydrochloride in a water soluble demulcent jelly base for the relief of all nasal congestions, acute and chronic.

Soothes the irritated mucous membranes, promotes ventilation and drainage and makes the patient comfortable.

PROVE TO YOURSELF THE ADVANTAGE OF OUR WATER SOLUBLE JELLY BASE. SEND FOR FREE TUBE TODAY.

HART DRUG CORP.,
12 N. E. Third St., Miami, Fla.

Send me trade size tube EFEDRON free.

M. D.

No CIGARETTE IS A CURE...

As cigarette manufacturers, we are certainly not physicians. We have no right to ballyhoo any possible health benefits derived from smoking menthol-cooled tobacco . . . no right to say that Spuds are a panacea for throat and nose troubles. Still, we honestly believe that Spuds are less harmful than any cigarette manufactured to date. What do you think?

•
THEY'RE MENTHOL-COOLED

•
**SPUD CIGARETTES — 20 FOR 20c (U. S.)
20 FOR 30c (CAN.)**

THE AXTON-FISHER TOBACCO CO., INC., LOUISVILLE, KENTUCKY

(Free Spud pack gladly sent to any physician upon request)

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hesitate to inform your patient that your charge for the visit is so much. Very often he will pay you then and there; or if he does not, you may add:

"I'll bill this to you on the first of the month."

This deportment has given him the impression that you are expecting your fees—naturally you are. He mentally accepts your stand and the bill is at least seventy-five per cent collected. A large part of my own office work is paid for in cash at the time of the visit, because I let my clientele know that I expect it then. I'm polite about it but definite. The little bill is easily paid; when it becomes large it is far from readily handled.

There is no occasion for anything other than courtesy; nor is there any time when a dilatory or weak stand is justified. I know of a dentist who does an enormous practice, whose invariable rule is to request a deposit of twenty dollars—provided your work is to amount to that much—before he will start any work. Smaller bills are paid for in cash when the work is completed. His office is always crowded; his time is dated up for weeks in advance, and he employs three capable assistants. Everybody speaks well of him, for his work is high-grade, as is his manner of getting his fees.

That dear old saying about the proof of the pudding being in the eating thereof, still holds good. I collected 90 per cent of my fees

during two years of fairly successful practice in Hollywood. As you know, there is a large floating population, and the attachment of the so-called employed populace connected with the major industry, is not over-firm, as is inherent in that kind of work. This statement is not made, by any means, as a boast—to do such collecting was far from easy—at times it was positively uncomfortable—but I owed it to my family.

Please do not understand me to be suggesting hard dealing with one's clientele. Far from it; but I am suggesting that we assume and maintain a firm, self-respecting attitude toward those who voluntarily obtain our services. It is alleged that the old-time physicians spoiled the public by their lenient collection habits—getting the money when the patient wished to pay, never sending out bills, or perhaps sending them out once a year.

Be that as it may, there is no excuse to-day in this expensive age, for continuing such a slipshod custom. It may once have fitted in medical practice, but it is a terrible misfit now. Medicine assuredly is a profession at this date, and it is also a business, if we would carry on with the rest of our neighbors. I know families of physicians that are always lacking this or that because *vaterfamilias* does not have the will to get what he has richly earned with his skill. Skill should be well remunerated; and

With the many thousands of cases of

TUBERCULOSIS

home treatment is absolutely necessary and prominent Physicians agree that we have no medicinal remedy equal to creosote.

Mistura Creosote Comp.

(KILLGORE'S)

Meets all the requirements of the creosote treatment. It is a palatable preparation and does not disturb the most sensitive stomach.

Sample and Literature on request.

CHARLES KILLGORE

55 West Third St.

NEW YORK

"Once in a dogs Age .."

A remedy is discovered which meets every indication for its use--superlatively.

First Aid

FAV

Valuable

a basic substance, which reaches and removes the basic causes or results of inflammation when applicable to skin or mucous membrane, e. g.

Sunburn
Windburn
Heathburn
Acidburn
Electricburn
Scald
Mosquito Bite

Insect bites or stings
Poison Ivy
Bruise
Boil
Cut
Chafe

Chap
Sore
Stye
Piles, Inflamed
Blister, broken
Sprain
Strain

Lame muscles
Stiff joints
Chillblain
Hives
Shingles
Itching
Skin eruptions

Comforts

FAV

Messenger

is Colorless, Odorless, Tasteless, Stainless, Harmless.

Removes soreness, swelling, congestion. Hastens healing. Protects, preserves and promotes skin comfort.

Lubricant for all instruments of penetration.

Emollient after scarlatina, etc., under surgical dressings, for cord, ulcers. Keeps the hands supple and smooth.

A trial of

FAV

Demonstrates

is supplied in attractive two oz. glass jars, fifty cents.

Trial Sample mailed ON RECEIPT OF 10 CENTS (postage and packing).

THE FAV LABORATORIES

1801 South 65th St., Philadelphia, Penna.

..... M. D.

..... Street

..... Town

M.E. 1

..... State

January, 1931

129

we should stoutly insist upon getting our recompense. We owe that to our family, that we may provide adequately for them in accordance with our social station. The paternalistic law looks after the welfare of the carpenter who builds our house. He may put a lien on the building if we do not pay him. We must fend for ourselves, in nearly every case.

It is perfectly understood that the foregoing remarks are subject to wide variation in application in the various communities; none the less, the solid foundation of dignified insistence upon getting our honest dues will operate only to the enhancement of our professional standing in our particular community.

Charity is the middle name of every physician. But when charity is forced it is nothing other than being held up. Merely the pistol is lacking.



Everybody's (Cont. from Business Page 23)

figures of the automobile industry. Under a program of large production planes can be built more cheaply than automobiles having the same carrying capacity.

The radio-telephone will enable passengers to expedite their business while in flight. Engines will be made largely of beryllium or some similar metal, and will likely approximate a turbine principle. Planes able to fly straight up in the air are near at hand. One craft of the helicopter type has already shown ability to rise or descend like an elevator, and to go forward after it has reached the desired altitude. This idea will doubtless be brought rapidly to commercial realization. Air travel will be speeded up tremendously when a pilot may take

DR. JAILLET'S PEPTO-FER

Assimilable Iron

Prepared with chloropectate of iron by Darrasse, Chemist, according to the original formula of Dr. Jaillet. Highly endorsed by prominent French Physicians. Gives good results in anemia, convalescence, debility.

1 tablespoonful immediately after each meal.

To avoid imitations, physicians are earnestly requested to insist upon original bottles being supplied with the names:

J. JAILLET M. SCHAFFNER

and the address:

**DARRASSE 13 Rue Pavée
PARIS 4°**

BIG SAMPLE OF MU-COL

(Enough to make 6 quarts)

**Aseptic,
Prophylactic,
Anti-Catar-
rhal,
Anti-Febrile.
A Cooling,
Healing,
Post-Opera-
tive
WASH
that Gives
Effective
Results.**

FREE

A host of physicians turn to Mu-col when it is undesirable to prescribe or use corrosive coal tar, or phenol washes in effective strength. Cooling, soothing, it is a fine prophylactic and detergent. Assures cleanliness throughout the entire membranous area. A saline-alkaline powder, easily soluble in water. Superior for feminine hygiene.

Mail Coupon for Sample NOW

Mu-Col Co., Suite 322M, Buffalo, N. Y.
Send sample of Mu-Col, enough for
6 qts. FREE.

Name..... M. D.

Address.....

(Please attach coupon to your
letterhead)

DANISH OINTMENT

(TILDEN'S)

The approved 24-hour treatment for
SCABIES

Price per pound \$1.28

Per dozen 2-oz. jars \$3.00

A trial will convince you.

*(Physician's sample free upon request)***THE TILDEN COMPANY**

Pharmaceutical Chemists since 1848

New Lebanon, N. Y.

St. Louis, Mo.

"The saturated sulphur-bearing saline
laxative"

Occy-CRYSTINE *Therapeutically Correct*

Upper Respiratory Disease yields to nature's immunity mechanisms and to direct therapy only when the Bowel and Blood Stream wastes have been either detoxicated or removed.

Clinicians the country over are fast recognizing how indispensable Occy-CRYSTINE is in this dual capacity.

"The cathartic with a two fold value."

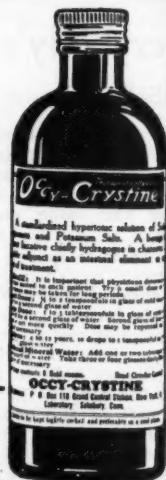
Liberal clinical trial supply postage prepaid.

Occy-CRYSTINE CORPORATION
P. O. Box 118, Grand Central Station
New York, N. Y.

M. E.

Gentlemen:—Please send me postage prepaid a
clinical trial supply of Occy-CRYSTINE.

Name.....
Address.....



Laboratory
Salisbury, Conn.

off or land on the roof of an ordinary building.

The future of aeronautics cannot be measured by even the brightest minds. The generation now coming of age will not be held back by fear. It has been "born" to the air, as we have been born to the railroad, steamship and automobile. Flying will become safer as it grows less spectacular and ceases to excite curiosity.

Ten years ago the greatest speed attained by an airplane was 164 miles per hour—now it is 267; the longest distance traveled was 727 miles—now it is 3,911; the greatest duration of any flight was 24 hours—now it is 59 without refueling; the capital investment was \$5,000,000—now it is \$500,000,000; the number of passengers carried annually was 225,000—now it is 3,000,000. The next decade will show even greater advances.

Just as radio telephony now projects the human voice from

continent to continent, aircraft will transport physical cargoes, both living and inert, at high speeds and in comparative safety to the ends of the earth. International relationships will be as profoundly affected through the development of aviation as municipal relationships and family life have been affected by automobiles.

New industries by the score are now in the making and will provide jobs for idle hands. One very promising line of activity is what we may call the electronic industry, and has to do with the manufacture of an endless variety of vacuum tubes. In a few years almost everything we do will be affected in some way by an electron tube. This product, usually made of glass and copper, may soon replace tons of electric generators. It may give us high-tension transmission by direct current over unprecedented distances.

By means of the vacuum tube

3 PREPARATIONS

That should be included in your materia medica

MYODINE

IODOTONE

PHOSPHORCIN

A vegetable iodine solution useful in Tonsillitis, Laryngitis and as a gargle and antiseptic mouth wash.

A glycerole of hydrogen iodide valuable in Bronchitis, persistent cough and ailments of the respiratory tract.

A reconstructive containing the glycerophosphates with nux, which is valuable during convalescence from winter ailments.

Liberal samples of any or all of these products sent on request

EIMER & AMEND
Est. 1851 Inc. 1897

Third Avenue, 18th to 19th Street, New York



*The telephone is not
an unmixed blessing*

ESPECIALLY not at the physician's bedside. Many a sleep-wrecking night call comes over the telephone because pain is always an emergency. But an emergency that can often be prevented by prescribing Peralga for the relief of pain.

Peralga is not narcotic and its use can be safely entrusted to the nurse or patient. One or two tablets will promptly relieve pain and nervousness, reduce fever (if any) and enable the patient to get much needed rest. And the doctor, too,

*Try it. Let us send
you a trial amount*

*Peralga is a combination of
amidopyrine and barbitol*

P E R A L G A
for the relief of PAIN

SCHERING & GLATZ, Inc., 113 West 18th Street, New York

PEACOCK'S BROMIDES

It is a fact that the combination of the five Bromides of Potassium, Sodium, Ammonium, Calcium and Lithium presented in a pure and eligible form has decided advantages over the single salts.

The bromide treatment gives better therapeutic results through the use of Peacock's Bromides than is possible with the single salts.

Each fluid drachm contains 15 grains of the purest bromides of potassium, sodium, ammonium, calcium and lithium.

Gentlemen:

Please send me a professional sample of PEACOCK'S BROMIDES.

Dr. _____

Address _____

Samples to Physicians Only

**Peacock
Chemical
Co.**

*Saint Louis,
Missouri*

we are able to employ levers more frail than a beam of moonlight, yet exerting the smashing power of twelve-inch steel. We can fashion gears having but a fraction of the thickness of the film of a soap bubble, yet which may be used to control and reverse great rolling mills weighing many tons.

So it is a fact that life and industry are going to be radically changed in the next ten years by vacuum tubes. Machinery will be started and stopped at the mere utterance of a command, brakes will be applied to trains that accidentally run past their signals, distances down to a millionth of an inch will be distinguishable, factory processes will be assured of absolute uniformity of results, mineral deposits will be easily located without scratching the surface, and little electric eyes will count crowds, sort cigars, inspect food, and activate water valves to extinguish fires.

Turning to a different field of effort, let us consider for a moment another infant industry that has grown almost overnight from a test-tube experiment to

an important business. I am referring to the production of hundreds of articles from 350 plastic materials that are caused to assume definite shapes, either by a chemical reaction or by the influence of heat and pressure in a metal mold. Of these 350 plastics, the great majority fall into four classes—pyroxylin, casein, and natural and synthetic resins.

Leaving out sales to the film industry, largest user of pyroxylin, the plastics business has increased in a few years from a total of \$14,000,000 to approximately \$250,000,000. While much of the plastics is sold in the form of sheets or rods for use in the manufacture of safety glass, pens, umbrella handles, dice, etc., the greatest progress has come in the molding of synthetic resins.

Huge hydraulic presses are required and a great deal of energy in the form of heat and pressure is consumed. Out of this process come telephones, clock faces, distributor heads, automobile bodies, wheels, baby carriages and furniture. By-products derived from coal, milk, dried blood, seaweed, sawdust and the soy

The Peculiar Property

of increasing the defensive forces of the body,
possessed by

ECTHOL

(BATTLE)

has induced many exacting clinicians to employ it in systemic infections, typhoid fever, for instance.

*Try it in your cases of systemic infections
and learn its value.*

PAPINE
IODIA
BROMIDIA

BATTLE & CO.
Chemists' Corporation,
ST. LOUIS, MO.

IN ACUTE CORYZA OR ACUTE RHINITIS

PINEOLEUM

Reg. U. S. Pat. Off.

Samples and Literature on request.

THE PINEOLEUM COMPANY, Dept. M. E., 52 West 15th St., New York, N. Y.



In the Emplastrum

Numotizine

the component drugs are carefully selected to insure rapid absorption following external application.

Each drug has a particular action of its own and, combined, they have a synergistic action which insures the maximum of relief.

Numotizine is easy to apply, easy to remove and free from discomfort to the patient.

Sample and literature on request

NUMOTIZINE, Inc.

220 W. Ontario Street, Chicago

Dept. M. E. 1

Doctor:-

Suppose, instead of a patient consulting you for Cystitis, it was your bladder that irritated, pained and made you expel just a few drops of lacerating, burning urine. Wouldn't you be grateful if you knew of—

CYSTITABS (effervescent)



They will relieve in just a few minutes because the formula is so logical—Hydrangea, Uva Ursi, Triclin, Atropine and Buchu Compound.

WALKER, CORP & CO., Inc.
Drawer 1320, Dept. J, Syracuse, N. Y.

You may send CYSTITAB literature and samples to:

M.D.

bean will soon be employed to make hundreds of things, from the buttons on our coats to the propellers on airplanes. More than 72,000,000 pounds of powder were molded in presses last year, and it is estimated that 450,000 radio tube bases are manufactured weekly by this method.

zine

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and free
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A. E. I

Plastics are succeeding because they were greatly needed. In some forms they outwear steel, are lighter than aluminum and as beautiful as a precious stone. A long list of articles now manufactured from wood or metal will be made in part or entirely of plastics within ten years, and a large saving will be passed on to the ultimate consumer. Almost every industry in the United States is either using, or could use, a plastic material in some of the things it produces.

Tomorrow will be a time of substitute materials that will upset complacent managements. It will be a day of amazing mechanical accomplishments, travel by air, values from the sea and miracles with metals. Some of the industries that grew fast will slow down and new lines of enterprise will become the objects of concentrated attention. The ownership of large corporations will be more widely distributed, and instead of giving all thought to speed and accomplishment, the idea of economy will enter the picture and there will be a definite trend toward consolidation and cooperation for greater efficiency.

Such are the facts we should get clear in our minds today. More worthwhile business and industrial achievements will be witnessed in this next decade than in any similar period in history. Although economic changes come with painful slowness, we may be sure that remedial action will reduce output capacity in overequipped industries and enlarge production facilities in the fields where consumption may still be multiplied.

Thialion

is a dependable agent to prescribe in rheumatism, gouty conditions, biliousness, constipation and wherever there is evidence of acidemia or decreased alkalinity.

Literature on request

VASS CHEMICAL CO.
Danbury, Conn.



Non-poisonous, greaseless, water-soluble, non-staining antiseptic jelly for the correction of alkaline conditions, and for feminine hygiene. Free from toxic and harmful ingredients such as bichloride of mercury or carbolic acid. Used by leading clinics, and physicians everywhere.

We also manufacture
"L.A.J." (Lactic Acid Jelly, Cooper).

Trial tubes and literature cheerfully sent
FREE to physicians on request.

TABLAX COMPANY,
294-2 East 166th St., New York, N. Y.
Please send FREE trial sample
tubes MARVOSAN ☐ . L.A.J. ☐
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Bringing Post-Graduate Study to the Physician

Continued from Page 21

tensive series of postgraduate hours in surgery, medicine, urology, proctology, etc., a total of 96 hours being offered for his selection.

The luncheon hours are utilized for round-table discussions of the points brought out during the day, and the after dinner hours for general meetings with the public invited (at the next conference Dr. Fishbein and Dr. Hayden will present messages from the A. M. A. at the public meeting) and for symposiums. It is planned at the 1931 Conference to bring Chevalier Jackson and Pancoast, from Philadelphia, so that the physicians of this district may enjoy their famous collaboration on Foreign Bodies of the Lung, at such a symposium.

The general acceptance of the plan whereby the visitor "pays his way" is an interesting development of recent years. The Dallas Southern Clinical Society has found that physicians of this section prefer to pay a small registration fee individually which with money from other sources makes a very respectable total, permitting an outlay for his instruction and entertainment impossible otherwise.

It is prophesied by many that in the immediate future similar clinical conferences in various sections of the United States will assume a commanding importance among medical gatherings with resulting change in the formula for medical meetings standardized during the past seventy-five years.

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PARTICULARLY DURING THE WINTER MONTHS
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aged and feeble, or so young that his digestive system works less energetically than his limbs, or is an adult business man—healthy but deskbound—prescribe AGAROL with confidence for the relief of constipation and to aid in restoring regular bowel function.

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The "Guild"— an experiment

Continued from Page 13

for people of moderate means.

"Any individual residing in or near Cooperstown, who is not suffering from some chronic illness at the time the application for membership in the guild is made, may join. Whenever it seems advisable a physical examination by a member of the hospital staff will be required.

"Any individual not chronically ill at the time application for membership is made, and living in or near Cooperstown, is eligible. A member whose place of residence is not easily accessible will not be entitled to receive free of charge any house calls from members of the hospital staff.

"The cost is \$25 a year for each individual, and \$100 a year for an entire family of any size. The dues may be paid in monthly installments if the member so desires. Memberships will become effective one month after an application has been accepted.

"The Mary Imogene Bassett Hospital, through its staff, will take care of guild members in case of any illness, either medical or surgical, without additional charge. Depending upon the severity and the kind of illness, the doctors of the hospital staff will care for the patients at home, in the doctors' offices at the hospital, or as ward patients in the hospital. Accident cases, surgical

operations and, when necessary, ambulance service, are included in guild service to members. Care of obstetrical cases is not included in the service.

"Cases coming under the Workmen's Compensation Act are to be handled as heretofore.

"If a member of the guild carries an accident policy in an insurance company, or is entitled to money from an insurance company because of injury by another person who is insured, the hospital would expect to receive the amount covering the usual charge for the care given by the hospital staff.

"X-rays, laboratory examinations, professional services, operations, when necessary, and all routine nursing, are included under hospital ward care.

"If a member upon admission to the hospital desires private room service, he will be allowed a credit of \$4 a day. With this deduction, the charge for private room service, operation, laboratory work, professional fee, etc., will be computed as for non-members.

"Insofar as is practicable, it will be the aim of the hospital to comply with the wishes of patients in their choice of doctors. There will be no additional charge during the term of membership if the illness is of long duration. The doctors of the

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hospital staff reserve the privilege of deciding whether an illness is to be treated at home, in the office, or by admission to the hospital.

"Any person may subscribe for as many memberships as he desires. An individual or family may subscribe for another family, or an employer may, if he wishes, take out memberships for each of his employees."

To offer the community a plan as radical as this requires courage and vision of a high order. Naturally the success of the plan will depend in large measure upon the number of its subscribers and upon the cooperation which will exist between the guild members and the guild staff.

Not the least important aspect of the experiment will be the reaction of the public. Here, in a typical semi-rural community, the very people who have sobbed protests over the high-costs of medical care, are to be given the opportunity to insure against that expense, under conditions that are clearly defined and favorable to the patient. How will they respond?

If support is found, and if a year of experience proves the plan to be practical, the guild idea is bound to be tried out in other places, sponsored either by private physicians or by medical societies.

The medical profession will watch the working out of the experiment with keen interest!

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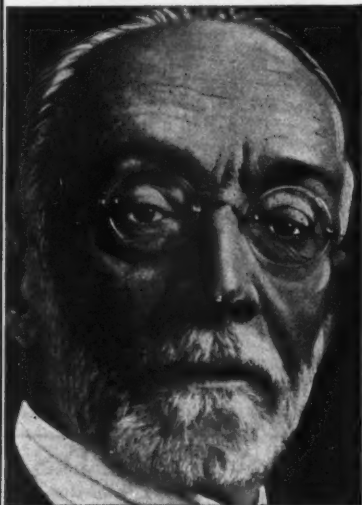
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"It's toasted"

Your Throat Protection—against irritation—against cough



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Consistent with its policy of laying the facts before the public, The American Tobacco Company has invited Mr. August Heckscher to review the reports of the distinguished men who have witnessed LUCKY STRIKE'S famous Toasting Process. The statement of Mr. Heckscher appears on this page.

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Check the preparation desired, for free sample

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"Deaf as a Post"

Reported by Lawyer Hayward



A NEW YORK doctor and B approached the receiving teller's window in a New York bank. The doctor had money in his hand; B — apparently — had none; the doctor pushed the money through the wicket, and B said, "That's to go to my credit."

"Sure," the teller agreed, credited the money to B, and a few weeks later a New York lawyer—acting for the doctor—demanded that the bank credit the deposit to him, and threatened to sue the bank if it were not done.

"B said in his presence that the money was to go to B's account

and he opened not his mouth," the teller pointed out.

"We can prove by a dozen doctors that he's as deaf as a post—couldn't hear a sixteen inch canon in his back yard."

"I didn't know that."

"If you didn't it was your own fault, and the bank's responsible for your carelessness," the attorney argued, and the New York Supreme Court ruled in his favor.

"The question is, who produced the mistake? It is a principle not controverted, that where one of two innocent persons must suffer by the act of a third, he who enabled such third person to occasion the loss must sustain it," said the Court in ruling in the doctor's favor.

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